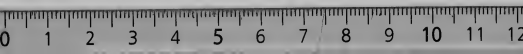


THE CARE AND CURE
OF THE INSANE.



VOLUME I.



THE CARE AND CURE OF THE INSANE:

BEING THE
REPORTS OF *THE LANCET* COMMISSION
ON LUNATIC ASYLUMS, 1875-6-7,

For Middlesex, the City of London, and Surrey,

(REPUBLISHED BY PERMISSION)

WITH A DIGEST OF THE PRINCIPAL RECORDS EXTANT,
AND A STATISTICAL REVIEW OF THE WORK OF EACH ASYLUM
FROM THE DATE OF ITS OPENING TO THE END OF 1875.

BY
J. MORTIMER GRANVILLE, M.D., F.S.S.,
ETC.

IN TWO VOLUMES.
VOL. I.



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To

THE JUSTICES OF COUNTIES; CIVIC CORPORATIONS;

VISITING COMMITTEES OF ASYLUMS;

GOVERNORS OF HOSPITALS FOR LUNATICS;

AND

PROPRIETORS OF LICENSED HOUSES RECEIVING PAUPERS;

THE BOARD OF COMMISSIONERS IN LUNACY;

THE LORD CHANCELLOR'S VISITORS OF LUNATICS;

THE MEDICAL PROFESSION;

AND ALL INTERESTED IN

The Care and Cure of the Insane;

THIS STUDY

IS RESPECTFULLY DEDICATED

BY THEIR HUMBLE SERVANT,

THE AUTHOR.

"A wise man is cautious how he becomes the echo of a commonly received opinion. He discusses it freely, and adopts or rejects it on the evidence solely of facts. Such an opinion is that which prevails in regard to the incurable nature of insanity. Such, therefore, are the tests by which it ought to be tried. It is of some importance to ascertain, how far this generally received notion accords with the facts which have been observed in well-regulated hospitals in England and France."—PINEL (*Treatise on Insanity*, translated by D. D. Davis, M.D., 1806, pp. 37-8).

"Few popular errors are more prejudicial to the interests of humanity than that insanity is, commonly, incurable; and, consequently, that the application of remedies is supererogatory. If such opinion obtain, a person, though only at intervals insane, is in danger of being consigned to a fate worse than oblivious, his affairs to ruin, his family to despair, and society to the loss, perhaps, of a virtuous and useful member. Nevertheless, nothing is more true or clear, than that a very large proportion of the insane recover the perfect use of their understanding. To form an accurate estimate of what proportion the cures bear to the number afflicted, and whether the ratio be progressive or retrogressive, the records of different lunatic institutions, at distinct and distant periods, should be procured and collated."—BURROWS (*Inquiry, etc.*, 1820), pp. 17-8.

"Dr. Willis declared that 9 lunatics out of 10 recovered if they were placed under his care within three months from the attack. Dr. Burrows has reported 221 cures out of 242 recent cases. Dr. Finch has stated that 61 out of 69 patients recovered who were received into his asylum within three months after the first attack of their disorder. From the experience obtained at the Retreat, near York . . . it appears that 7 out of 8, or perhaps a larger proportion of recent cases, have terminated in recovery."—PRICHARD (*Treatise*, 1835).

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INTRODUCTORY.

THE following pages contain the Reports of "*The Lancet* Commission on Lunatic Asylums." The inquiry was instituted :

- To ascertain the general character and efficiency of the provisions made for the INSANE IN ASYLUMS, and the conditions of their daily life ;
- To discover the measures, and, as far as may be possible, to formulate the system of TREATMENT adopted for the cure of remediable, or recent, and the relief of incurable, or chronic, cases ;
- To collect and collate statistics of cases occurring within the last ten years at the asylums visited, with a view to estimate the RESULTS.

The descriptive articles and summaries which have appeared in *The Lancet* are now republished, with permission, by their author, who has added much new matter, historical, statistical, argumentative, and suggestive, and constructed tables to epitomize the details and results of treatment, placing the figures for each asylum in parallel columns with similar data collected from institutions of the same class. The computations have been made by Mr. J. H. Shoveller, of the Statistical Department, General Register Office, under the immediate supervision of the author. By the kindness of Mr. C. W. Heaton, Lecturer on Chemistry at the Charing Cross Medical School, it has been possible to include, in the section on "Food," a table of equivalents illustrating the dietary scales of the asylums visited.

It is hoped that the work, as submitted to the speciality,

and those interested in Lunacy and Asylums generally, will be found to constitute a tolerably complete critical survey of the field covered by the inquiry; and that it may offer some features of interest to the large and increasing number of physicians and general practitioners occupied with the Care and Cure of the Insane.

In concluding the labours of many months, embodying the results of observations and experience extending over many years, the author desires to record his warm thanks to numerous friends. To the Medical Superintendents of the institutions visited in the course of this inquiry his acknowledgments are especially due for their painstaking exertions to supply materials for the calculations and historical sketches presented in the following pages. The Visiting Committees and Clerks have likewise most cordially aided the Commission by the loan of books and supply of information.

It is only necessary to add that the primary purpose of the undertaking being to collect facts, this object has been kept steadily in view throughout the preparation of these volumes. A large part of the information gathered has been obtained from sources not easily accessible. The author believes the materials for a sound and comprehensive judgment of the work done in lunacy, within a tolerably wide sphere and during a long term, are now, for the first time, brought together. The suggestions he has ventured to offer in aid of such a judgment, and the hints he has thrown out as to the lessons which research and observation seem to teach, are, of course, open to criticism, but the data collected can scarcely be assailed. Their accuracy has been tested at all points, and it is believed they will be found trustworthy within the limits defined in a Note on "The Statistics of Lunacy" at the end.

The work has no pretensions to be considered a systematic treatise, and must be regarded simply as a *study*, recording the results obtained in an inquiry concerning—

THE CARE AND CURE OF THE INSANE.

IT is believed that such an inquiry will help to furnish the profession with the much-needed data for personal opinion on many urgent questions, relating to the treatment, in public and special institutions, of patients labouring under the various forms of mental disease. It should also contribute to the sum of evidence required to determine moot points with respect to the diverse methods of treating insanity. And it may do some service by exposing, and thereby tending to the removal of evils and the redress of grievances affecting the insane, if any should be found to exist.

The inspection will be conducted with the approval and, it is hoped, the co-operation of the medical superintendents and officers of asylums.

The area of the inquiry, and the number of asylums visited, will be determined by the results obtained, and the extent to which responsible managers of these establishments may be found willing to submit their arrangements to the scrutiny it is desired to institute.

The exigencies of space for publication will necessarily limit descriptive detail in the reports presented, but no point of moment or interest will be overlooked in the inspection, and the general results will be given as concisely as possible.

No special order will be observed in the sequence of Reports, but the same general arrangement of topics will be followed as closely as may be convenient in each statement.

The need of such an inquiry has been long felt, not for public satisfaction or the exposure of wrongs and misdoings, but for the information of the profession which, as a body, has too much neglected the study of mental disease and contentedly lost sight of its victims. Once within the locked doors of an asylum, public or private, the insane have been shut out from the observation of practitioners engaged in the treatment of ordinary disease, not less completely than from the world of life and liberty. I do not think the specialists in charge of these institutions are responsible for this secrecy. On the contrary, the most distinguished alienists have for many years past been making earnest overtures to their brethren outside the pale of "lunacy" to take common action with them against the most insidious and destructive enemy of our race, the bitterest foe to culture and progress. In some degree, probably, the desire to see the profession generally interested in the subject of insanity indicates a reaction. The pursuit of psychological medicine as a branch of the arch-science of physic has convinced those engaged in this department of study that morbid conditions of the mind are so closely connected with diseases of the body as to be incapable of separate investigation or treatment. In a word, the mind has refused to yield its secrets when interrogated apart from the body, with which it is united by a bond as enduring as life itself, and that nothing but death can rend asunder. It is barely possible to believe that specialties such as those professed by oculists, aurists, and dentists, may have a genuine claim to be recognized. There must always be some division of labour, and it may be practicable to treat affections of the eyes, the ears, and the teeth, so to speak, locally. But the physician who should pretend to make a scientific diagnosis of mental disease, and apply remedies, physical or psychical, for its relief, without recognizing the vital relations in which it is connected, either as cause or effect, with disease of the body, would lay himself open to the reproach of ignorance, or stand confessed as a charlatan. It must never be forgotten that the so-called "mad doctors" have been the first to press this truth on the profession. It is in consequence of their unwearied efforts to assert the claims of lunacy on practitioners of general medicine that a more rational mode of regarding this important department of disease is taking the place of that supercilious contempt of "madness," which, as a matter of fact, sprang from ignorance and flourished in neglect. It was in full recognition of this historical fact, and with a sense of the discredit attaching to the systematic avoidance of mental disease as a subject of general research, that the commission to examine and report on the management, the practice, and the work accomplished in asylums for the insane, was undertaken. The present purpose is to set out the materials collected, the impressions received, and the suggestions awakened, more fully than was possible in the crowded pages of a journal

representing the thought, and playing the part of a "recording apparatus" to the energy, of the medical profession in this country and abroad. The reports will be reproduced as they stand; the new matter will be distributed in separate paragraphs interpolated with those of the text.

The Asylums, "Workhouses," and Hospitals treated in the present volume are :—

1. Surrey County Lunatic Asylum, at BROOKWOOD.

Chairman of Committee—The Hon. Francis Scott.

Medical Superintendent—Thos. Nadauld Brushfield, M.D., M.R.C.S., etc.

Assistant Medical Officer—James Edward Barton, L.R.C.P. Edin., M.R.C.S.

Second Assistant Medical Officer—W. A. U. Thomson, L.K.Q.C.P., F.R.C.S.I.

Chaplain—Rev. J. M. Gillington, M.A.

2. Middlesex County Lunatic Asylum, at HANWELL.

Chairman of Committee—Peter Northall Laurie, Esq.

Medical Superintendent of the Female Department—J. Peeke Richards, Esq., M.R.C.S., etc.

Medical Superintendent of the Male Department—Henry Rayner, M.D., M.R.C.S.

Chaplain—Rev. John May, M.A.

3. Middlesex County Lunatic Asylum, at COLNEY HATCH.

Chairman of Committee—William Henry Wyatt, Esq.*

Medical Superintendent of the Male Department—Edgar Sheppard, M.D., M.R.C.P., F.R.C.S., etc.

Medical Superintendent of the Female Department—William Gurslave Marshall, Esq., F.R.C.S., etc.

Chaplain—Rev. Henry Hawkins, M.A.

4. Surrey County Lunatic Asylum, at WANDSWORTH.

Chairman of Committee—Edward Hugh Leycester Penrhyn, Esq.

Medical Superintendent—J. Strange Biggs, M.D., M.R.C.P., M.R.C.S., etc.

Assistant Medical Officer—Frederick H. Ward, Esq., M.R.C.S., etc.

Second Asst. Medical Officer—Ethelbert Hosking, Esq., M.R.C.S., etc.

Chaplain—Rev. Charles E. Casher, M.A.

5. CITY OF LONDON Lunatic Asylum, at Stone, Dartford, Kent.

Chairman of Committee—Alderman Robert Besley, Esq.

Medical Superintendent—Octavius Jepson, M.D., M.R.C.S., etc.

Assistant Medical Officer—Whitfield Perkins, Esq., M.R.C.S., etc.

6. Metropolitan Asylums for Imbeciles, classed as "Workhouses," and under the control of the Local Government Board :—

(a) CATERHAM.

Chairman of Committee—William S. Cortis, Esq., M.D., etc.

Medical Superintendent—James Adam, M.D., L.R.C.S. Edin.

Chaplain—Rev. Joshua Ground, M.A.

* Now Sir William Henry Wyatt.

(b) LEAVESDEN.

Chairman of Committee—William Henry Wyatt, Esq.*Medical Superintendent*—T. Claye Shaw, B.A. and M.D. Lond.,
M.R.C.P., M.R.C.S., etc.*Chaplain*—Rev. J. R. B. Watson, B.A.

(c) HAMPSTEAD.

Chairman of Committee—Edmund Hay Currie, Esq.**Medical Superintendent*—George Millson, † L.R.C.P. Lond.,
M.R.C.S.

7. Hospitals.

(a) BETHLEM.

Treasurer—John Baggallay, Esq.*Resident Physician*—W. Rhys Williams, M.D., L.K.Q.C.P.,
M.R.C.P.E., M.R.C.S., etc.*Assistant Physician*—George H. Savage, M.D. Lond., L.R.C.P.
Lond., M.R.C.S., etc.

(b) ST. LUKE'S.

President—Samuel Charles Whitbread, Esq., F.R.S.*Treasurer*—Henry Francis Shaw Lefevre, Esq.*Resident Medical Superintendent*—George Mickley, M.A., M.B.
Cantab., M.R.C.S., etc.*Chaplain*—Rev. T. C. Webster, M.A.

The commission visited Brookwood at the outset because the greater part of the buildings there were new, presumably containing the best appliances and embodying the most recent improvements.

* Now Sir Edmund Hay Currie.

† Since removed to Northampton County Asylum.

BROOKWOOD ASYLUM.

THE HOUSE AND ARRANGEMENTS.

THIS is the second asylum for the county of Surrey. It was opened on June 17th, 1867, to meet the pressing need of fresh cases which could not be received at Wandsworth. It is much to be regretted that, being provided with all the most approved appliances, Brookwood was not jealously kept to its true purpose as a hospital for the cure of recent cases, instead of being at once crowded with chronic cases removed from other asylums and licensed houses. This economic blunder is now visited on the county by an urgent demand for a third asylum; a need which will crop up about every seven years, at the present rate of increase of insanity in Surrey, unless the policy is changed.

The position of matters as regards asylum accommodation in Surrey immediately before the opening of Brookwood was described by the visiting committee of Wandsworth in their report for 1866, as follows:—

The number of pauper lunatics in the county continues to increase. At the close of 1866 it was 2115; whilst at the close of 1865 it was 2020; and at the close of 1849 only 843. Of the present number 477 are in licensed houses, and 574 in workhouses. For the whole of those in licensed houses, and for a portion of those in workhouses—probably one-fourth part—admission into the asylum is desired. It is therefore to be feared that when the new asylum at Woking (that is Brookwood) is completed, and fully inhabited, there will still be a deficiency of accommodation in the county for its paupers of this class.

It was originally proposed to enlarge the old county asylum at Wandsworth, so as to provide for 660 additional cases, making, with the 950 previously lodged, 1610. That idea was abandoned, and the new asylum which forms the subject of this report was built, but for some unexplained reason to contain only 650 patients. The consequence was that in their first annual report, less than a year after the opening of Brookwood, the committee of that institution were compelled to say, "The asylum at Wandsworth affords accommodation for 917, and this asylum will accommodate 650, making a total of 1567, while the number of persons re-

turned as pauper lunatics (in Surrey) is 2200." In 1869 the committee of Wandsworth reported :—

There are now 837 more pauper lunatics in the county than the two asylums could contain if that at Brookwood were able to receive the full number for which it was built, and if the additions now in progress at Wandsworth were fully completed. All the licensed houses in the vicinity of the metropolis, and many at a considerable distance, are quite full ; and the result of the demand for accommodation so much exceeding the supply is, that many of the private asylums have increased their weekly charge for maintenance to 17s. 6d.

This was in 1869 : later, as we shall find, the proprietors of the licensed houses took advantage of the improved market value of their commodity, and still further raised its price. Meanwhile the county authorities were already discussing a proposal to build a third asylum. That scheme has been under consideration during the last eight years, and is not yet adopted or finally laid aside. The principal arguments advanced in support of the project are, in brief, that insanity is increasing even beyond the natural increment of the population ; that it would be cheaper to borrow money at the ordinary rates of interest and build, than to maintain pauper lunatics at the licensed houses, where the charge is now 19s. 3d. per week for each patient ; and that good results, as regards a reduction of the average number resident in asylums by prompt "recoveries," are more likely to be obtained at county asylums where the interest is entirely to *cure*, than in proprietary institutions where the object is in part to secure a constant supply of patients "under treatment," and where cases which have passed into the chronic stage are preferred because a less costly staff is required for their safe custody and control. Other considerations are urged, but these, expressed or understood, form the sum of the case for a new asylum.

The opinion of Dr. Brushfield, superintendent of Brookwood, was cited by Dr. D. Hack Tuke ("Manual of Psychological Medicine," by Drs. Bucknill and Tuke) in support of the proposition that the proportion of the insane to the population is increasing. Since the date of that quotation, Dr. Brushfield has compiled a table showing the numbers and distribution of lunatics in Surrey for twenty-three years, 1853 to 1875 inclusive. From this it appears that, taking the whole period indicated, the increase has been from 1202 to 3244, or 62·95 per cent. of the present total, 3244. Dividing the series into three epochs of seven years—from 1853 to 1860, 1860 to 1867, and 1867 to 1874 (the last year dealt with in *The Lancet* report)—we make the following computations :—between 1853 and 1860 the increase was 462, or 27·76 per cent. of the total of the year 1860—1664 ; from 1860 to 1867 the increase was 548, or 24·77 per cent. of the total of 1867—2212 ; while between 1867 and 1874 the increase reached 1042, or 32·02 per cent. of 3254. The assertion that the need for a new asylum will "crop up about every seven years, at the present rate of increase of insanity in Surrey, unless the policy is changed," is therefore borne out by the figures. The average annual increase between 1853 and 1860 was 66 ; from 1860 to 1867, a little over 82 ; while from 1867 to 1874 it reached within a fraction

149. The year 1875 shows a *decrease* of 10—3244 against 3254 in 1874. With this excuse the county magistrates are lying on their oars. When the next wave rises, the question will no doubt be re-opened with vigour, and it is probable that, in the heat of the revival, a third asylum will be commenced. Nothing short of an entire change in the method of resisting the invasion of disease can place the county in a position to cope with the difficulty. Viewed from an economic standpoint, the problem resolves itself into an inquiry how best to secure four objects essential to the result and interdependent :—

1. The existence of a highly curative establishment, replete with every convenience, furnished with all necessary or desirable appliances, and so organized as to afford the greatest facility, for the prompt, rapid, and effectual treatment of insanity in its various forms and under divers conflicting conditions.
2. That every case of mental disease falling under the control of the public authority and chargeable to the rates, shall be placed at the earliest moment—without being delayed or intercepted by any other machinery—in the institution already described.
3. That no case proving incurable, or passing into a condition which renders active treatment hopeless or unnecessary, shall be allowed to occupy space or waste power in the curative establishment.
4. That the asylum or hospital in which “cures” are to be effected shall be able to accommodate the whole of the recent, or curable, cases in the district it is designed to protect.

These requirements are common to counties and districts generally, and should therefore be fully discussed. If all cases of lunacy were placed at once under efficient treatment, and those which could not be benefited promptly removed, the curative establishment need scarcely be large. The fault of the existing machinery is twofold: it is too vast and too weak. Attempting more than the conditions require or justify, it fails to perform the real task allotted to it with the efficiency indispensable to success. The enemy is not vanquished, because considerably more than half the strength professedly placed in the field against him is, by a well-meaning but short-sighted impulse, employed in tending the wounded and succouring their distress. It may be benevolent but it is not wise to waste the power and space of curative establishments by crowding them with cases which cannot possibly be cured. The story of Brookwood will point the moral of this mistake. That asylum was opened, as we have seen, in 1867. At that time the accommodation was as follows :—Total number of inmates provided for, 650; of which 146 patients were to be recent cases, just 22·46 per cent. of the total number. The common-sense inference from this allotment would seem to be that the new asylum was designed to play the part of a house-of-ease to Wandsworth. Nevertheless, in the first report of the committee, the same containing this specification of purpose, we find the following complaint :—

Owing to the large accumulation in recent years of cases of long standing waiting for admission, we regret to state that in not more than 5 per cent. of the

whole number of patients is there any reasonable prospect of recovery; and it appears tolerably certain that, unless some change be made, the wards will soon be fully occupied by patients of this class to the exclusion of those whose malady is of recent, that is of a curable, character; in other words, the institution erected with all the expensive arrangements, attributes, and adaptation for the immediate care and hopeful cure of early cases of insanity, instead of being employed, *as its main object was and ought to be*, as an hospital for the treatment of the recent and curable class of insane, will, in a short time, decline into a mere refuge or house of detention for a mass of hopeless and incurable cases.

The italics are mine. I admit the "ought to be," provided always that the new asylum was suitable for a curative hospital; but in face of the "summary of accommodation provided for patients," from which I have extracted the figures given above, I cannot see how the "main object" of the founders of Brookwood "was," or could have been, to make it a hospital for curable patients. They set out with an allotment for 22·46 per cent. of "recent cases," and they have a right to complain of having only 5 per cent., but the difference between 5 and 22·46 (that is, 17·46) is the sum of the space misapplied and the measure of their grievance. There can scarcely be an error in the specification quoted, as I find it also in the returns made to the Lord Chancellor by the Commissioners duly signed by the architect. In his first annual report Dr. Brushfield expresses an opinion that, of 328 patients admitted, 31 were probably curable. This gives 9·45 per cent., a somewhat better proportion than that which the committee laments. The medical superintendent echoes the same complaint, but in more general terms:—

It has been, and is being repeatedly, urged by asylum superintendents, that the probability of recovery lessens in geometrical progression each succeeding day that proper treatment is delayed—and by proper treatment must be understood that of an asylum, since in no other place can a similar amount of curative agency be brought to bear—yet the present plan of crowding public asylums with chronic cases soon leads to all available space becoming occupied, to the exclusion of those whose malady may be cured or remain permanently uncured according as efficient early treatment be able to be adopted or not. Instead of retaining the high office of hospitals for early treatment, they degenerate into huge dépôts of incurables.

It is my present contention that asylums generally, and particularly Brookwood, were not destined for the "high office of hospitals for early treatment," etc.; that their founders failed to grasp that specific purpose, and have not built, furnished, and organized with so intelligent an aim. There has been the crude idea of building a second, or if need be a *third*, asylum in a county when the existing establishments were full and the proprietary houses charged too much for accommodation; but as to any serious economic plan of dealing with the difficulty, no such conception existed. That being so, however much sympathy may be awakened by the sorrows of a committee and a superintendent who cannot obtain patients to cure, there is a dash of comedy in the complaint which goes far to convert the lamentation into a feeble regret.

The primary measure of reform—and nothing less than a complete

reformation will suffice—must be to provide a thoroughly efficient curative establishment. This is not by any means so easy a business as it may appear. If it were possible to commence *de novo* in a county, the task would be simple enough. The money expended in building bad asylums would cover the utmost cost of good ones, and the skill squandered in developing an unhealthy and unworkable organism might have produced a system full of vigour and life. But pre-existing institutions have vested interests. For example, it was not in human nature for the committee of Wandsworth to confess that a better asylum might be provided, and express their willingness to be utilized as an establishment for the safe custody and succour of incurable cases. They must extend, improve, embellish, and, to speak frankly, waste money in trying to mend that which was not only past mending, but out of date and in all senses obsolete. It is the same story everywhere, and the universality of this obstinate wrong-headedness is its only excuse. The immediate consequence was that Brookwood, as originally constructed, became a second asylum of the ordinary type for Surrey and but a few degrees better than the old.

A bold, clear-sighted, unselfish policy would induce county authorities to make their last asylum the best. I have no hesitation in predicting that, when this course is adopted, and the new house placed in the highest possible position as a curative hospital, it will be found that older and less efficient establishments may be kept in a condition equal to the need of chronic cases at a cost comparatively insignificant, leaving large funds free to be expended in the only profitable investment in connection with lunacy (unless it be keeping a private asylum for patients who *pay*), namely the prompt cure of cases which if they are once allowed to become chronic, must be permanently maintained. No outlay can be too large that produces for the service of the public and the ratepayers an agency capable of resisting the encroachments of insanity and rescuing bread-winners from its toils. Occasionally it may happen that this truth is clearly recognized, but the process of reasoning inverted, and the economic argument, so to say, turned inside out. Dr. Bucknill, in the work already cited, narrates an incident curiously illustrative of this perverse construction. He says, "Not long ago we were examining a union-house, no worse than others, in company with the guardians, and observing a recent, and as we thought curable, lunatic in detention there, we expostulated, and advised that he should be sent forthwith to the asylum for treatment; but the deputy-chairman remarked to us that the man was old and infirm, and that even if he were cured he would have to be maintained out of the rates. Being a used-up labourer, he was not worth the expense of being cured." The story will point its own moral.

When, therefore, the curative hospital has been provided, must come the difficulty of compelling the instant admission to its wards of cases attacked with any form of lunacy. This national scourge, which is as bad as a physical plague, should be treated on the principles applicable to an infectious disease. Cases ought never to be passed through a workhouse. The experience of alienist physicians everywhere will support the opinion of Dr. Brushfield, cited above. It is a

question of hours : days are as months or years in this emergency. The three days allowed by the law before a relieving officer brings a case before a magistrate costs the country annually enough to maintain a large asylum. All cases of insanity should be removed at once and directly to a curative asylum ; and in a large proportion of instances if this course were pursued a lengthy detention would be unnecessary.

The first step forward is the adoption of a policy which shall render the asylum or hospital built last in any county or borough a curative establishment, and immediately relegate the older and less efficient houses to the position of homes for chronic and incurable cases. The second step must be the enacting of a law by which the reception or detention of a lunatic, or person supposed to be of unsound mind, in a workhouse more than twenty-four hours, without a certificate from the medical superintendent of some asylum that the patient has been discharged from his care as incurable, shall be made a misdemeanour, and punishable as such ; the relieving officer of the district from which the patient has been removed, and the master of the workhouse in which he or she has been lodged, being jointly and severally responsible. The third step will obviously be to secure room in the curative asylum by the removal of incurable cases. This must be a task of delicacy and difficulty, but it is one the medical superintendents of public institutions for the insane are fully competent to perform. It would probably be necessary to divide the outgoing patients into two classes. The first, comprising cases which, although hopeless, may require medical aid—such as confirmed epileptics, general paralytics, and those suffering periodic exacerbation and needing close medical supervision and care—might be transferred to the chronic establishments, which, I propose, should be the older houses in a district. I think the plan of turning obsolete asylums like Wandsworth into refuges “or dépôts for incurables” will be less costly than building new ones of inexpensive character. When a county speculates in building, it should be to the best possible purpose. It is not fair to the victims of insanity, or just to the ratepayers, to employ machinery proved to be out of date and inefficient. Besides, the older houses are unsuitable for use as curative establishments. With all the money spent in patching, repairing, and beautifying, they are effete. The original buildings at Brookwood scarcely escape this condemnation, and should be replaced by better. It is waste to “improve” them.

The second class of cases removable from asylums devoted to curative work, including those for whom nothing can be done or is necessary beyond ordinary watching and tending, should be sent into the so-called “lunatic” wards of a workhouse, or boarded with friends. The reasons which induce me to believe that it is not expedient to build asylums for imbeciles, to which paupers supposed to be lunatics may be sent direct from workhouses, will be given in another place. The general aspects of the “additional asylum” question are now fairly indicated from the standpoint I conceive to be the most reasonable. Meanwhile, the matter is so important, not only in its bearings on Surrey, but many other counties, that I make no apology for reproducing the following extracts from a letter

addressed by the Hon. Francis Scott, chairman of the committee of Brookwood, to Sir H. Selwin-Ibbetson, Bart., M.P., Under Secretary of State for the Home Department :—

It is at least a questionable policy to pursue a course, not because it succeeds, but because it fails ; to build an expensive third curative establishment like the other two, which by the present system do not and cannot cure. From my position as chairman of the committee of visitors at Brookwood Asylum from its foundation, I know how disheartening it is to have all the appliances which skill, experience, intelligence, and devoted zeal can afford, with all modern improvements which structure or treatment can bestow, or money can yield, and yet to see these qualities and efforts frustrated by crowding the wards of a curative institution with incurable patients who might be well cared for in a simple inexpensive structure.

* * * * *

The entire cost of the existing asylums to this date amounts to £458,732 15s. 11d. (County Asylum Reports) ; they provide beds for 2140 patients, and to the present date each bed has cost the county (in construction, additions, alterations, repairs and land) £214 7s. 2d. per bed, as shown below—

Cost of County Asylums to the present date.

A. Return to Epiphany Session, 1876.	A. Cost of construction, including minor additions—	<i>Wandsworth.</i>			<i>Brookwood.</i>		
		£	s.	d.	£	s.	d.
}	Wandsworth	193,825	14	2			
	Brookwood				179,473	7	5
B. County Asylum An- nual Reports <i>passim.</i>	B. Cost of Annual Repairs—	<i>Wandsworth</i>			<i>Brookwood</i>		
		£	s.	d.	£	s.	d.
}	Wandsworth	71,784	2	2			
	Brookwood				13,649	12	2
		<hr/>			<hr/>		
		265,609 16 4			193,122 19 7		
					<hr/>		
					265,609 16 4		

£458,732 divided by 2140 equal to £214 7s. 2d. cost per bed.

£458,732 15 11

* * * * *

It is a matter of regret that the committee appointed to consider the question of another asylum should at once have decided, without evidence, to erect a third asylum "of the same character" as the other two, because it would be "more economical in the end:" the more so as, independent of valuable information from other counties and countries, the committee might have learnt that so different is the "character" in construction of the two county asylums, that in the one, the proportion of single rooms amounts to one in 3·38 (3 $\frac{1}{4}$) ; in the other, which receives all the (36) ex-criminals, all the patients of worst description belonging to no unions, called "county patients," the proportion is only one in 9·3 (9 $\frac{1}{2}$),* the rate of maintenance being the same in each.

* The proportion of single rooms in Wandsworth Asylum in 1859 was 1 to 5, in 1869 was 1 to 4, in 1875 was 1 to 3.

Brookwood, as was its duty, though always with fewer, latterly with one-third the number of single rooms, accepted all patients, selecting none, rejecting none, admitting the violent patients declined, on the plea of "want of single rooms," at Wandsworth. It is manifest that the gain in recoveries thus obtained in one asylum must create an equivalent loss in the other, and that the general average of cures in the county could not thereby be improved.

The effect of overcrowding asylums is strikingly exhibited by the fact that the proportion of cases in asylums deemed curable in England and Wales for the years 1873-4 and 1874-5 averaged 7·43 per cent., that in Surrey 4·5.

The bearing of these remarks, with the data adduced, upon the points we are considering is sufficiently obvious. The rest of Mr. Scott's able argument is devoted to the elucidation of a scheme I am not prepared to indorse, namely, the erection of a new asylum of inexpensive character, to be appropriated for chronic cases exclusively. He says—

It is very satisfactory to the guardians to find that, in the views which they have expressed against a third asylum and in favour of "additional asylum buildings" "of a comparatively homely and inexpensive character," they have the support of that department of her Majesty's Government which regulates and controls such matters.

It would be better to fall back on the suggestion offered by the visiting committee of Brookwood in their first report, dated March, 1868, page 23 :—

The committee, therefore, urgently recommend, as a measure alike of humanity, prudence, and economy, that lunatic wards should be attached, where practicable, to the various union workhouses, and that quiet and harmless cases should from time to time be transferred there from the wards of the county asylum, so as to admit of the more ready treatment in the latter of the curable class. These secondary asylums should be under the direct supervision of the county asylum visitors, and be visited at stated times by the medical superintendent of the county asylum, who should have power to transfer back to the latter institution all patients who in his judgment would be benefited thereby. No recent or any other case should be detained in the workhouse beyond three nights before being sent to the county asylum.

As I have said, in my judgment no case should be retained in a workhouse more than twenty-four hours, unless it has been discharged from an asylum as incurable. I confess the colonization of lunatic wards in, or "attached" to, workhouses by a party sent from an asylum does not appear feasible. We should soon hear of rebellions and declarations of independence, or there would be a need of vice-medical superintendents to administer the affairs of the settlers. The essential feature of my proposal is the division of ejects into two classes; the removal of those who require medical care, or are likely to do so, to the older asylums, which would be set apart for such cases, and conducted at a minimum expense. The other cases could be drafted unreservedly to the workhouses, where they might be well and carefully housed at a cost below that of any special establishment, however admirably administered. As regards the proposal to extend the "supervision" exercised by county asylum visitors, I hope I may be excused for thinking they have already

as much in hand as they can well accomplish, and perhaps more than it was wise to undertake.

Returning to the report on Brookwood :—

In design and construction the establishment evinces considerable care. It is the boast of her Majesty's justices for the county that the architect visited the best asylums in England and France before preparing his plans, and that this course was pursued "for the first time in England." The result is a series of buildings of by no means repulsive aspect, pleasantly situated on an elevated site about one mile from Brookwood, and three miles from Woking station, on the South-Western Railway, in the parish of Woking. The asylum, as it exists to-day, is composed of the original blocks, to which additions have from time to time been made, and some new and very superior buildings which have only just been completed. The story of the first construction has for its moral the economic wisdom of appointing the medical superintendent of an asylum in time to secure the advantage of his practical experience in aid of the architect. It was not long before the superintendent of Brookwood discovered defects and deficiencies in the edifice which it became his object to remedy. For example, the common error of limiting the accommodation so that an almost immediate increase becomes necessary, and that of forgetting the requirement of proportionally larger space on the female side of such an institution, were committed in the construction of this asylum. The advice of an experienced superintendent would have prevented these mistakes, and others equally unaccountable.

The area of room allotted for day use was inadequate, only 19 superficial feet per head, inclusive of epileptics, all told—or 24 feet inclusive of corridors and passages—instead of 35 or 40, being available for the purpose. This deficiency was pointed out in the earliest report of the superintendent. But the faults of arrangement at the outset were not due to parsimony on the part of the county authorities, and they have been compensated by spirited and wise liberality in the subsequent conduct of affairs. The original aim seems to have been to give the asylum a thoroughly domestic character, and in this its designers were successful, perhaps too much so, as in the construction of dormitories allowing only 550 cubic

feet of air for each patient. The old buildings are throughout not sufficiently commodious. The ceilings are too low, the corridors narrow, the staircases tortuous, and the whole constructionally cold and comfortless. By dint of building out, adding bay windows, and opening arched communications—where the safety of party walls would admit—from the wards into adjacent corridors, the superficial space has been raised from 19 to 39 feet per patient; and with the aid of wall-paper, colour, and floor-cloth, the interior has been made to assume a bright and cheerful aspect, exceedingly creditable to the ingenuity by which overwhelming difficulties have been surmounted. The new buildings are incomparably better, not less homely, and, including the furniture, which has for the most part been made in the asylum, not more costly than the old. Indeed, they leave little to be desired as a healthful and appropriate residence for the insane.

The new buildings, by which additional accommodation has been provided for 400 patients, raising the total capacity of the asylum from 650 to 1050, have cost in round figures £55,000, which gives the very moderate average outlay of about £137 per head. These additions have been made at the instance and under the personal direction of Dr. Brushfield. In their first report (1868) the committee took credit for having built the asylum at the total cost of about £161 per bed, seeing that “the average cost of thirteen of the most recently constructed county and borough asylums was £210 per patient, and this when labour and materials were cheaper.” The “additions and alterations” required at Brookwood during the nine years ending December 31st, 1875, mainly to amend faults and supply deficiencies in the original construction, have cost £3210 7s. 2d., just 3·59 per cent. on the first outlay, £89,207 15s. 6d.

The gross figure of the charge for building and furnishing, etc., was £104,877 7s. 1d.; but I deduct £13,000 for purchase of land and expenses incidental to the site which cannot fairly be charged to construction, also £2669 11s. 7d., set down as working expenses at the outset; the net, therefore, is as stated, £89,207 15s. 6d. The “ordinary repairs” to the close of 1875 have amounted to £16,195 8s. 1d. Some portion of this last amount, also, is probably due to causes arising out of the construction; for example, the employment of materials proved to be unsuitable. It is strange that in a case like that of Brookwood, where the superintendent chosen had great experience, and had already earned distinction in the design and supervision of new work, he was not appointed sufficiently early to secure the advantage of his special knowledge for the guidance of the architect. The penny wisdom of delay has resulted in the loss of a sum equal to, say, three years’ salary of the superintendent, besides the inconvenience and expense occasioned by the carrying on of works in-

jurious to the order and well-being of the patients for years subsequent to the opening. The collateral consequences of this evil cannot be appraised. The medical superintendent, in his report for 1868, thus forcibly indicates the disadvantages entailed by this policy :—

The second cause which has tended to limit the reception of cases has been the insufficient amount of day space originally provided for the inmates, on which subject I have already made a special report, and pointed out that, whilst an average of 35 to 40 superficial feet per patient was the customary allowance at most of the county asylums, yet here it was 19 feet only, or, inclusive of corridors and passages, 24 feet. The Court of Quarter Sessions having sanctioned the erection of additional day-rooms, this defect will be remedied in the ensuing summer, until which period it will not be advisable to add materially to the present numbers, as the contractors' workmen will be in close proximity to nearly the whole of the day wards; will seriously interfere with several of the wards during the progress of the work, limiting the day space in two of them; and, moreover, will occupy all the airing courts. A great deal of additional excitement, especially amongst the females, is sure to result, and it will probably be necessary to make temporary day arrangement for some of the patients in the more distant dormitories. There is no doubt that, whilst the alterations are in progress, the inconvenience to the patients will be considerable, and will also materially increase the anxiety and responsibility of the Staff generally.

The error of providing for an equal number of patients of both sexes shows how little real knowledge of the business in hand could have been possessed by the committee and their architect. Under these conditions, the notion of a non-medical designer of buildings running over the country and abroad picking up ideas on the subject of asylum construction is, to say the least, grotesque. The method pursued would find its parallel in a commission to some ordinary cutler to collect suggestions for supplying a surgeon with the instruments he should select for himself, and which must needs be chosen by a skilled operator, if they are to prove of any practical use. An asylum is a special apparatus for the cure of lunacy, and ought to be constructed under the direction of the physician by whom it is to be employed, or by an expert in the uses to which it will be subsequently applied. This, unfortunately, is what visiting committees do not perceive.

The question of space is of high importance in every public building where people are to be located in crowds. It is of special moment to the *morale*, the medical success, and the money value of the work accomplished in an institution set apart for the care and cure of the insane. Nineteen square feet of superficial space allotted to each patient in the day-rooms, or twenty-four in day-rooms and corridors together, gives no more than 228 or 288 cubic feet of atmosphere to each patient, computing the altitude at 12 feet. It may be urged that this is sufficient, because by day everybody is in motion, and the air respired quickly changed. That is not precisely true of an asylum population. A large proportion of the inmates sit about from morning to night in the same apartments, and although as many as possible are taken into the airing courts each day, weather permitting, and those who cannot be so moved in losing their

company profit by their room, it will be conceded by all experienced superintendents that the day-rooms of an asylum should afford breathing space considerably in excess of that originally provided at Brookwood. The lowest respiratory conditions of life may be assumed to be the following:—With a pulse beating 72 per minute the respirations will be about 18, and at each inspiration some 20 cubic inches of atmosphere will be taken into the lungs, and one cubic inch of oxygen consumed. One cubic inch of oxygen \times by respirations at the rate of 18 per minute gives 1080 cubic inches of oxygen, equivalent to 21,600 cubic inches or 12.5 cubic feet of pure air deoxydized each hour. Assuming that patients passed twelve hours of the twenty-four in their day-rooms in a state of perfect rest and abstinence, the smallest quantity of pure air on which life could be maintained is therefore 150 feet. If there was the slightest exertion, even such as must be performed in the digestion of food, or if the temperature of the apartment were greatly reduced, the need of oxygen, and consequently of respirable air, would be doubled. The effects of external temperature on the demand for oxygen are very remarkable. Whether the relations of surrounding heat to the capacity of the organism for oxygen are the same at other points of the scale, I am not aware; but the experiments of Lavoisier and Séguin show that a fall of temperature from 90° to 59° Fahr., being a loss of 34.44 per cent., increases the demand for oxygen, in the case of “a man in repose and fasting,” from 1465 to 1627 cubic inches per hour, or 11.05 on the previous consumption.

Perhaps we may say roundly, that lowering the external temperature 10° in the upper or middle range intensifies the need of oxygen, and therefore of pure air, nearly 4 per cent. We are all this time assuming that the body remains at rest and fasting. Digestion, as we have said, enormously augments the demand, and exertion creates a corresponding increase. Hermann observes, “By the influence of work the consumption of oxygen per hour may be increased from 31 grammes to about five times this amount—155 grammes.” Who works harder than the busy or turbulent lunatic? Estimates of the actual quantity of pure air and oxygen required are, however, of little real use here. The essential point is that the supply should be adequate for all vicissitudes of temperature and activity, and that everybody should be so conditioned as to be able, readily and unconsciously, to take in enough. A man digesting food without excitement consumes as much as 2300 cubic inches of oxygen every hour. Twenty-five feet of pure air must therefore be requisite for the inmates of an asylum each hour, or not less than three hundred in the course of twelve hours, even assuming they remain quiescent. When it is remembered how restless the majority of the insane really are, how much strength they put forth in superfluous action, it will be seen that in practice their requirements amount to fully four times the minimum indispensable to sustain life, and often are largely in excess of this moderate estimate. In short, six or eight hundred cubic feet of pure air is the smallest allowance compatible with health, and the need is as great by day as by night, or even greater, because the vapours and exhalations from the body, which must be removed by the air, as water cleanses away

dirt, are thrown off in greater quantities during exertion than when in repose. I have dwelt on this matter at some length, because, even as regards the air space it implies, a deficiency of superficial area in the day-rooms of an asylum, such as Dr. Brushfield found at Brookwood, is incompatible with health, and presupposes an extent of ventilation to change the air that could not be obtained without very serious loss of heat, and the injurious consequences of draught and cold. The point upon which I am chiefly anxious to insist is, that the erection of a building so imperfectly provided implies ignorance of the first principles of sanitary construction, and should certainly warn those who are working elsewhere to avoid a similar blunder. The greatest inconvenience, however, doubtless resulted from the crowding which so small a space necessitated. Each inmate was allotted a little kingdom of about four feet and a few inches, from frontier to frontier, in the day-rooms not enough to stretch his arms or extend his legs upon, with a colony which might be covered with a pocket-handkerchief in the corridor, and expected to be contented or even happy. The animals in a travelling menagerie could scarcely be treated less handsomely. And if it be urged that every one was welcome to encroach on his neighbour's territory, I can only reply, the creation of a perpetual incentive to strife and contention is neither a measure of wisdom nor economical in an asylum. The obvious results of this heaping together of human creatures bereft of reason and preternaturally excitable was a mistake which the medical superintendent most wisely at once set himself to remedy; and, to do the visiting committee justice, the moment their error was pointed out, they set to work like sensible men for its rectification. The cost of the alterations, the breaking through party walls and sacrifice of corridors to enlarge rooms, together with the inconveniences entailed, were the penalties to be paid for the mistake committed at the outset; the mistake of not intrusting the design and construction of the asylum to a superintendent who would understand the tools with which he should be required to work, and know how to fashion them. The mere formal submission of a set of plans and drawings to a board of inspection like the Commissioners of Lunacy affords no guarantee for the sufficiency of the design. The case we are discussing is conclusive on this point. The Commissioners supervised the plans, but they were the first to condemn the defects of the building when its shortcomings were made evident. The errors of the original construction have, to a great extent, been avoided in the new blocks erected under the direction of the medical superintendent. There are points to which exception may be taken, but they concern the purpose rather than the plan, and what need be said on these topics will come better in connection with matters of detail falling under our notice further on.

The visitor to Brookwood will be strongly impressed by its simple and homely characteristics. There is nothing prison-like or poor-law-stricken in the exterior. No high walls, massive casements, gloomy iron bars, or other tokens of

restraint, inspire repugnance. The place resembles a cheery hamlet of almshouses, with winding paths, undulating pleasure-grounds, well-planted shrubberies, and a picturesque detached chapel, to which the inmates repair for service every Sunday, with all the charm of rural "church-going." Within, the institution wears an air of quiet repose and cheerfulness. The day-rooms are fitted with plain and convenient furniture, embellished with stands of flowers, plants, and aviaries, and provided with pianos, bagatelle-boards, cards, dominoes, draughts, books, and pictures. The walls are decorated with coloured prints, in cheap but elegant frames; and the apartments are so arranged as to produce a most agreeable impression on the mind of a stranger, with doubtless a corresponding influence on the residents. The patients, when not in the grounds or work-rooms, sit about among the plants or at the little tables, in groups or alone, as the mood takes them, contented and enjoying as high a sense of liberty and pleasure in life as their cases admit. The melancholic seem less depressed, and the turbulent less excited, for the interesting and genial associations with which they are provided. The surrounding objects divert, as far as possible, the mind of the patient from that self-consciousness which constitutes one of the most formidable obstacles to recovery in curable cases, and is the severest sorrow of the confirmed lunatic's dreary existence.

Change of scene is generally the first condition of recovery in a case of acute insanity, and it is indispensable as the primary element of treatment whether the attack be recent or remote. The removal from old surroundings, and severance of association with persons or things, must be complete. One of the first indications of the disease is to efface impressions, and obliterate the recollection, of places, events, and circumstances that have become, so to speak, mixed up in the mind with the confusion and entangling of thought which constitute the morbid mental condition we desire to cure. It is no use trying to mend the state of mind; it must be obliterated, just as a boy who has got his ciphering lesson all in disorder had better sponge the slate clean, and begin afresh. The good parts of his sum may be recalled to memory later on, and play their appropriate part in the normal process; but for the moment even these must be sacrificed, and it is worse than mere waste of time—it makes the confusion more confusing to his mind—to retain them. It is not, however, true in the treatment of insanity—that "any change is good, even for the worse;" at least, not so true as to make the character of the new scene and surroundings unimportant. Probably no more disastrous mistake can be made

than the removal of a recent case of lunacy to a prison-like and forbidding establishment, however admirably conducted. Apparent abstraction, or insensibility, is no gauge of the actual condition. Patients not unfrequently remember, and after recovery describe, the keen impressions produced by objects and methods of treatment which, when exhibited, seemed to pass wholly unobserved. Bearing this fact in memory, it is only necessary to consider in how large a proportion of instances the leading feature of a delusion takes the form of apprehension, either of imprisonment, torture, death, or doom; and it must be apparent that to build asylums like gaols, with lofty and frowning walls, close windows, the other tokens of strength and confinement, is simply to contrive a process by which delusion may be deepened instead of dissipated, and a patient's condition made more distressing, perhaps permanently worse, instead of improved. This is a topic of great practical moment. It is difficult to give sufficient prominence to its claims on public attention. It is just one of those points which ought to be explained and insisted upon, until the community at large and the ratepayers of every county and district are brought to see how essential to *real economy* a liberal expenditure—in the purchase of a picturesque site, the erection of a pleasing building or series of buildings, embellished internally and externally, with comfortable and even attractive furnishing and decorating—actually is. A prison should look like a fortress, imposing in strength, frowning on evil-doers, threatening, forbidding. A workhouse may be demonstrative of enforced benevolence. Society ought to deal gently with children, tenderly with the weak and aged, but it may fairly tell the lazy parasites who rely on its bounty that it gives grudgingly, and because it must—not from any kindly sympathy with indolence, or compassion for mendicity produced by mismanagement or the poverty which springs from perversity and neglect. When the task is to build and organize an asylum, even the great domineering passion of selfishness should induce every one concerned, as trustee of public funds or ratepayer, to see that it is in all respects adapted to divert, to cheer, to comfort, and to invigorate; because diverting, cheering, comforting the mind, and invigorating the body are the measures by which a rapid cure is to be effected, and the dependent lunatic transformed from a burden to a bread-winner. The perfection of these appliances at the outset often makes all the difference between a long and costly case, liable at any critical moment to become chronic and incurable, and a recovery speedily commenced and happily consummated.

A matter in respect to which medical superintendents are not sufficiently *exigeant*, and committees are prone to show especial reluctance, is the erection of a detached chapel. It is much in accord with the spirit of the day to relegate the ministers and the ministry of religion to lumber rooms available for use as chapels when not wanted for a more "practical" purpose. This is an erroneous and, looking to the economic question again, shortsighted policy. Moral principles form the rigid framework of the mind: without the support, the stay, the stability they alone can give the mental organism, it is exposed to external displacement and internal derangement on all sides, and in instant peril of collapse. The

inflation of self-interest may sustain it, or that packing and stiffening which education and industry are so potent to produce may give the sort of solidity known as "uprightness." Meanwhile, no substitute for *character* can create a safeguard against insanity, and there can be no character without principle, and no principle in the absence of the religious instinct. I am not speaking now of any doctrinal form of belief; I need not even stay to discuss the question whether religion can exist without faith. I simply assert that there can be no principle without some satisfaction of the religious craving and a certain development of the religious instinct. This is a point upon which I expect thinkers of every class to agree with me, and from that concession I claim to compel all political economists, whether Calvinists or Comtists, to admit that one of the most obvious means for the restoration of a mind worsted in the battle of life is the revival of a calm and self-possessed respect and regard for Religion. The first and the final purpose of rational treatment is to re-establish self-control. The great self-controlling agent of the mind is conscience, and conscience always needs to be instructed; sometimes it requires to be coerced. Whatever the faith or form in which the active feeling expresses itself, "let all things be done decently and in order." I can conceive of no more tranquilizing and agreeable episode in the life of a lunatic than the visit paid periodically, not too often, or as a matter of discipline and routine, but as a privilege, to a picturesque detached chapel like that at Brookwood. There will be more to urge in advocacy of detached chapels hereafter; but, for the moment, what has been said may help to secure for this subject the consideration it is too often, and on the most mistaken and pitiful pretences, denied.

Repose and cheerfulness should pervade every institution for the insane: repose without, to give the mind a refuge from the turmoil of its own distresses within; an escape from the wild, worrying, and wearing dream in which the distraught intellect is a busy actor; a tranquil objective, to which the mind may turn from its troubled subjective, wherein the imagination, like a steed with reins dropped by the dazed rider, careers madly over the wide expanse of thought. The ravings of a lunatic are the declamatory recital of a being borne breathless through scenes of agony, of worry, of chaotic bewilderment. The seeming incoherence is produced by the dropping of connecting links. It is as though a man attempted to describe the country through which he was whirled at the rate of sixty miles an hour, or to recount the doings of a brawling, moving crowd in some fancy fair. The surroundings should be cheerful, because the ever-present consciousness of the disordered mental intelligence is clouded with sorrow and fraught with gloom. Those are not wise—they are wonderfully devoid of wisdom—who seek to save a few pounds by refusing to make an asylum what it ought to be; they are not good administrators or even just stewards of the money wrung from needy ratepayers. Set the victims of a great and growing tyranny free from the fetters that hold them helpless, and help them to themselves. It is as though a veterinary surgeon, commissioned to cure a poor man's horse, should refuse to cure him quickly, because, forsooth, it would cost too

much, and the money had been hardly earned by a poor man. So the poor man has to keep the sick animal in idleness, because the trustee is jealous of his *protégé's* pocket, and practises economy at his expense. If there were any lingering doubt as to the expediency, or even the necessity, of making asylums and asylum life comfortable and cheerful, the parsimony which prevents the satisfying of these requirements might be discussed with greater respect and in a more serious vein; but there is no such uncertainty, and the time has come to treat a miserly policy with the contempt it merits and, for its ignorance, deserves.

The fireplaces are open, like those of ordinary houses, and not fenced off with grim guards suggestive of mischief. The chimney-pieces are prettily decorated with inexpensive ornaments, and the pictures on the walls are hung within reach of the patients, but scarcely anything has been injured or disturbed. The policy has been to place the inmates of Brookwood Asylum as nearly as may be amidst the surroundings of sane life, and then to treat them as children under a perpetual personal guardianship. They are neither provoked by obtrusive prohibitions, harassed and incited to mischief by that suggestive sort of protectorship which the disordered intellect always distorts into an ever-present temptation to wrong-doing, nor left dependent for immunity from accident upon mechanical safeguards. Attendants have no excuse for neglect of constant supervision, because there are no appliances upon which they can rely in the abstinence from duty. They *must* watch, and, recognizing the impossibility of shirking personal responsibility, their task is habitually performed and becomes easy. It should not, however, be supposed that any requisite precautions against peril are omitted. From the locks on window-frames to prevent their being thrown up to a dangerous height, to an ingenious arrangement by which a continuous rush of water is made to denote the presence of any patient in a water-closet, we found all known and many novel contrivances for the safety of the inmates provided, and, which is equally important, kept in working order. The dormitories are so arranged as to give the attendants on duty efficient command of the beds. They can see and hear all that is going on. The rooms are lighted, for the most part, by gas-jets outside the apartments and showing through panes of glass. The bedsteads are of birch, in preference to iron, fitted with battens—except for the epileptics, who are laid on

webbing—and in all cases supplied with a hair mattress and straw palliasse. Great care has been taken in the construction of the furniture, and it would be difficult for an epileptic or suicidal patient to fall into danger. Every ward is amply provided with requisites for the inmates. The arrangements for washing and dressing are commodious, and comfort is considered, down to the detail of placing a bottle of filtered water for drinking in each dormitory. It would be better if the bottles were replaced by small filters. It is in minor matters like this that the efficiency of management most clearly expresses itself.

The two cardinal maxims of asylum management are that lunatics must be trained and attendants controlled. Mr. Marshall, the eminently practical and painstaking superintendent of the female department at Colney Hatch, puts the proposition neatly. When an attendant complains that a patient is troublesome, he corrects the allegation thus : " You, the attendant, are troublesome—the patient is ill." There is much sound sense in this view of the case, and the principle it embodies should be everywhere adopted. I do not like the word discipline as applied to the conduct of affairs in a house for people who have no wills of their own, or only the wreck and mockery of an intellect and conscience to guide them. In so far as there is any attempt to enforce discipline, the effort ought to be limited to the development of the principle of discipleship among officers of all grades in the establishment. Upon their orderly conduct, docility, and ceaseless endeavours to carry into effect the instructions of their superintendent, the success of the moral treatment must always in the main depend. Lunatics are to be trained afresh in the ways of life—re-educated, the past being as far as possible obliterated from recollection, and only gradually incorporated with the restored mental picture as the mind regains the faculty of voluntary thought and can bear to be trusted with the subjects which, like a badly stowed and shifting cargo, previously overturned the craft and caused shipwreck. This process of re-education must be complete, and its first step ought to commence in placing the insane on the footing of children. The whole policy and system of treatment hinges on this presumption : lunatics are not only irresponsible, they are incapable of self-control. The degree of mental slavery to which disease has reduced them may vary from that complete abnegation of self-mastery found in the being who believes himself supernaturally possessed and a mere tool in the hands of good or evil powers above, around, or within him, to the extremely partial but not less dangerous delusion of the man who, as the common saying goes, is " sane on all points except one," and that apparently a small one. Nevertheless, every true lunatic is a slave to some infatuation, and it were as vain to hope to achieve his freedom by moral violence as to put down physical slavery by purely suasive influences. The mind is, so to speak, shunted

on a wrong line of rails—it must be brought back to the starting-point and restored to its proper course. The earlier this process is effected, the less damage to the permanent way will have been incidentally wrought by mistaken methods of “cure” irrationally conceived and rudely attempted.

The notion of placing lunatics on the footing of children, with a view to their re-education, at once supplies the key-note and determines the guiding principles of treatment. It will be instantly obvious that children should be educated under conditions and amid surroundings as nearly as may be like those of the life they are afterwards to live. This is only in a very partial sense practicable in a public institution, but recognition of the principle will preserve the managers of an asylum from two common errors: first, making a mad-house like a prison in its internal arrangements; and, second, proceeding on the assumption that lunatics are to be jealously kept out of reach of any and every possible instrument or apparatus which may prove a source of danger, instead of being taught and in a gentle way compelled to apply these implements of domestic life to their proper and ordinary purposes. A patient too systematically protected is exposed to a new peril the moment he is restored to the world. He has not been re-educated in the use of ordinary objects, and their sudden appearance on the scene is more than likely to recall the bad thoughts and invoke anew the evil inspirations with which they were previously, in his early hours of madness, so mischievously associated. I can readily imagine that the uninitiated reader, or here and there a superintendent who has possibly grown grey in the exercise of a lordly sovereignty over some colossal establishment directed daily from his desk in a quiet study, will not only demur to this policy, but condemn it as the fruit of ignorance or lack of practical experience. I have no fear of opposition from medical officers who have worked in their wards and know, by actual personal contact with lunatics and the close study of whims and weaknesses, what their characters and propensities really are.

Skilled practical observers will at once admit the truth of my presumption, that the best and only reasonable treatment of the insane consists in surrounding them as nearly as possible with the circumstances of sane life, and then with carefulness and watchfulness, by personal example, counsel, and such measures of enforcement as are adopted in the training of a judiciously managed family of children, instructing them in the avoidance of danger, the self-restraint of wrong propensities, and the intelligent choice of good and evil ways and courses of conduct in preference to those which are bad, and must end in moral and physical disaster. It is not the practice of ordinary life to place every object susceptible of injury, or which may be converted into a weapon, out of the reach of children above the tenderest years. When that is done—when the stick is placed on the top of some cupboard because it has been employed in mischief, or the toys and picture-books are put under lock and key lest they should be broken or torn—it is as a punishment. Only those who have tried the effect of acting precisely on this principle in dealing with lunatics can have any notion of its success. It must be remembered that I am writing for possible readers who may not understand or admit these patent facts, and

the superintendents of asylums where the system I am endeavouring to elucidate is in operation will accept this apology for what, to them, must seem obvious platitudes. Unfortunately, there are institutions—some public, and many private—in which this principle is not recognized, or, if it be in theory, certainly without being carried into effect. In going round asylums one sees many of the ugly old fire-guards like parrot cages with curved tops, and it has seldom happened to me to enter a ward so furnished without finding a patient lounging on the top and toasting his brains on the rack so incautiously provided. On the contrary, I do not remember to have seen a single patient in dangerous proximity to an open fireplace: probably this is because the attendants in charge, feeling the ever-present need for caution, are on the alert: but it is quite as necessary to avoid the suggestion of mischief by obtrusive precautions as to protect patients by reasonable safeguards.

Training has a negative aspect as well as a positive. In breaking a horse, it is not enough to make him wear harness and stand the noise of wheels at his heels on a country road: it is necessary to familiarize him with the sight and sound of animals and vehicles moving in crowded streets amid surroundings at which, if unknown and untried, he would be sure to shy. The lunatic must be familiarized with objects strange because forgotten. I cannot easily forget the trouble I once experienced in teaching a patient, recovering from an acute attack which had not lasted more than a few weeks, the use of a pen or pencil. She really tried to gather the purpose and learn the use of this implement, which, up to scarcely more than a month previously, she had employed every day of her life, and of which it was, in fact, her professional business to teach the use to children. The error of assuming that an insane person is always conscious of the real uses of the objects around him, and, when he misapplies them he does so wilfully or under the influence of some special delusion, was by this case impressed upon me in a way not easy to be effaced. Not only should every allowance be made for the possible misconceptions of a disordered mind, but, starting with the assumption that the lunatic is wholly ignorant, he should be most carefully and tenderly taught. I do not wish to be misunderstood. My notions are not so unpractical, or my views of what asylum management ought to be so Utopian, as from a mere cursory glance at these remarks might be supposed. I am well aware that it is not possible to deal thus directly with patients in a public asylum, nor is it either necessary or desirable that every individual should receive personal attention. There is much golden wisdom in practical silence—sometimes carried even to the extent of seeming to show neglect—in dealing with special cases whose ruling passion is self, and for whom Mania has constructed a little world of her own—fenced round with personal follies and foibles of idiosyncrasy—which each day grows more real until it shuts the world of fact and sense out of sight, with its duties, decencies, and obligations. I do not merely allude to that abstinence from all reference to the delusions of a patient which every psychological physician will himself observe and enforce on attendants, but to a watchful,

though apparently forgetful, treatment, of the man who thinks himself a person of extraordinary distinction, as a unit in the multitude ; or of the woman who craves personal adulation, as one of many equally well cared for but in no sense specially considered or admired. The need and expediency of this policy is acknowledged. Meanwhile, it is, or ought to be, possible to bestow some thought on individual cases, and, what is more to the point immediately under discussion, the general arrangements may be so made that, by example no less than by precept, that instruction in the simplest duties of life which every lunatic should be assumed to require can be afforded, in a manner neither obtrusive nor humiliating but conceived with a kindly feeling and carefully adapted to produce the desired effect.

It may be objected that a system like that indicated would throw too much labour upon attendants. Frankly, I do not believe in minimizing the pains and trouble required of those in personal charge of the insane. By multiplying the mechanical appliances and regulations devised to lessen the dependence on personal care, the sense of responsibility is diminished. The attendant knows that his superiors trust to these measures of safety, and it is only natural that, instead of taxing his own watchfulness to the utmost, he should seek to avoid trouble by relying upon the effort made to compensate his scanty performance of duty. For example, the attendant who has a close fence round the fireplace in his ward will not deem it necessary to watch. The circumstance that a window is barred will be held to obviate the need of personal precaution against accident or attempts to escape. We may go further, and assert that dependence on the rule or custom of keeping a particular door "always locked" is generally the excuse for allowing a patient to wander, and perhaps fall into mischief or get away. The sound practical policy is to hold every attendant responsible for his personal discharge of all obligations imposed ; to make the task of protecting and watching patients a primary duty ; and, in place of trusting to provisions of safety, to require that everything shall be made and kept safe by the official in charge. If the cost of providing sufficient personal attendance is considered too great to be incurred, it would be better to shut up the asylum than attempt to carry it on with a dominion of dummies.

It is not cheap to piece out meagre personal service with mechanical appliances. The proof of this proposition is happily beginning to be held sufficient, and there is a tendency to increase the proportion of attendants to patients ; but this particular measure of reform is too faintly prosecuted, and needs to be enforced. It must not, however, be supposed that I advocate the neglect of any precaution likely to secure the safety of patients. What I condemn is the fault and folly of trusting in part to those devices, instead of wholly to the vigilance of personal supervision, and this chiefly because the persons appointed to supervise readily form the habit of trusting to them too. It is the introduction of a new element of uncertainty into the calculation upon which the probabilities of immunity from accident are estimated. No chain, even of government, is stronger than its weakest link, and this mechanical security is a very weak link indeed. The bars outside windows have an ugly, prison-like

appearance, whether seen from the exterior or from within. If placed inside they are dangerous, and suggest facilities for hanging purposes. The authenticated cases in which lunatics have attached neckcloths, garters, and even strips of clothing or sheets to these protective apparatus, for suicidal purposes, are numerous and instructive. It is also astonishing through what small apertures heads and shoulders may be forced. A space six or eight inches wide seems to be quite sufficient, and indeed apparently offers a peculiar inducement to an ingenious person of unsound mind to essay an exit. Probably the idea would not have occurred to the same individual had the opening been larger. The puerile propensity to attempt a feat seemingly impossible is strongly developed in the insane. Ordinary window frames, capable of being locked at any required height within certain limits, are preferable ; but the key, which must be peculiar, should on no account be intrusted to any officer below the rank of an inspector. As a matter of strict prudence it should not be allowed to pass out of the possession of a medical officer. Special care is required with regard to water-closets, as apartments in which lunatics must, to a certain extent, be left alone. The arrangement adopted in the new buildings at Brookwood is noteworthy. The water rushes into a small cistern or reservoir high above the seat, not into the pan, during the whole time the seat is occupied, so that the noise proves that the lunatic remains in the sitting posture. This is better than making the connection so that the water is merely discharged into the pan on first sitting down or on rising. The disadvantage of any apparatus of this class consists in its liability to get out of order, but the drawback is reduced to its lowest form by the arrangement to which I am alluding, and it certainly merits the notice of superintendents and committees fitting new asylums or altering old ones.

The relative advantages of large dormitories are discussed at length in the concluding section of these reports ; it will therefore suffice to remark, in passing, that an arrangement by which an attendant can, if he pleases, see all that is going on in a large sleeping-apartment, and which gives efficient command of the beds, by no means compels his attention and in practice does not afford any guarantee of safety. There are indeed grounds for apprehension lest, being made too easy in the doing, the duty of inspection will not be done at all. The important practical questions, how to light wards and dormitories, what class-of furniture to supply, the best practical arrangements for washing, the storing of clothes at night, and other matters of detail which have occasioned much necessary thought and called forth very praiseworthy ingenuity, will also be found treated more fully further on, after the methods adopted at the houses visited have been noticed as they presented themselves and the occasion for criticism arose. What I have to add on these topics may therefore be conveniently deferred. It is strictly true that in apparently small matters such as these the excellence of administration consists. This obvious circumstance has sometimes been urged as a reason why the domestic management of an asylum should be intrusted to persons not embarrassed with the medical treatment of its inmates. It is my

warm contention and the ruling thought of this inquiry, strongly impressed on every passage of the reports and in every page of the present work, that the "care" and "cure" of the insane are inseparable parts of one undertaking, and must be conceived and carried out by the directing intelligence, with a single object and the same guiding thought.

The provisions for recreation are very considerable. The airing courts are tastefully laid out, with especial regard to pleasure and safety. Instead of the regulation walks and formal grass plots, each court is a garden. Sun-shades, arbours, grounds for croquet and other games, tell of the wisdom no less than the sympathy with which all has been planned. A large recreation hall has been provided, in response to the request of the medical superintendent, with every convenience for theatrical and other entertainments, and it is seated with benches of admirable construction, made in the asylum. There is a well-arranged cottage hospital, wholly detached from the main building, and with all its offices self-contained. This, also, is a recent addition. It will be used as a residence for convalescent cases which it is desirable to separate from the general body of the patients, in times of health, and applied to its special purpose in case of need. The ordinary infirmary wards are well situated and appointed; and, with special forethought, a detached mortuary, with post-mortem room and all conveniences, has been erected in an obscure part of the grounds approached from the main buildings by a masked path. This is an excellent feature. The asylum generally is well ventilated by wall-shafts in the wards and in the single rooms, which are sufficiently, though not very, numerous and suitably furnished. A perforated plate near the floor admits cool air, and is protected with sliding shutters. An opening just below the ceiling allows the egress of foul air. There are no "strong" or padded rooms in the institution. The system of treatment adopted does not recognize or require such appliances; but of this we shall speak elsewhere.

The boundary path of the asylum provides a walk of nearly three miles within the grounds, and the use of sunk fences instead of high walls secures the great advantage of an unbroken view from every point. The prospect is interesting and extensive. The Mid-Surrey hills, the Frimley

ridges, and the Basingstoke canal which bounds the estate on the south, are pleasing objects in the landscape. Much of the ground on which the buildings stand has been made by transfer of materials, and considerable skill has been evinced in landscape-gardening and general culture. The Bagshot sands, with gravel and clay, underlie a thin and poor soil, which, however, has been greatly enriched by utilising the sewage of the asylum. The farm is well managed, and of great value to the establishment, both as supplying healthful occupation to a large class of male patients and on account of its produce. The residences of the medical superintendent, the chaplain, the farm bailiff, and the gardener are detached. The two latter have been adapted for the reception of a limited number of patients drafted from the principal buildings, and forming little working communities, under especially sociable influences which are highly appreciated and of great value to the cases so disposed.

The water-supply has from the first constituted a great difficulty. The quantity has been eked out by drawing from the adjacent canal. Every precaution has been taken to insure purity by filtration, and repeated analyses by competent referees show that the quality has been fairly good; but the source is wholly *surface-water*, and we are glad to be assured that measures will shortly be taken to obtain a better supply by sinking an artesian well. This will need to be carried to a considerable depth—we fancy greater than the experts consulted estimate—and the works must be proportionately expensive; but the need admits of no palliation, and will not tolerate further delay. The sewage, as we have stated, is “utilized,” and the drainage appears satisfactory. The original arrangements were obviously defective, but very much has been done to improve matters; and under the present management, there is little doubt that the necessity for amendment, being clearly recognized, will be fully met.

The old notion of providing an asylum with airing courts specially adapted to the supposed requirements of the several classes of patients—a small bare yard for the refractory, containing nothing destructible and surrounded by walls, too smooth and lofty to be scaled, with carefully rounded corners; a meagre and repulsive court, like some dry moat, for the feeble and melancholy; and, at the utmost, a cheerless expanse bounded on all sides by barriers designed to appear insuperable, and itself

resembling a barrack-yard for parade and punishment drill, devoted to the recreation of the tolerably well-conducted—is happily obsolete. Even the most desolate and ungainly airing courts attached to the older asylums have been repaved, embellished with a few beds of flowers or plants, provided with sun-shades and seats, and generally made to look less strikingly uncomfortable than was the fashion five and twenty or thirty years ago. Many of the recent establishments have grounds with no mean pretension to beauty; and it is a conspicuous proof of the misconception which has hitherto existed about the insane, and shows how much needless pain and inconvenience have been inflicted on this unfortunate class of sufferers, that they do not destroy the pretty and cheering objects with which they are surrounded, or abuse the increased measure of liberty they are privileged to enjoy. Nowhere, perhaps, more obviously than in the airing courts of an asylum is the net good or evil result of the *régime* and system adopted apparent. Those who desire to see a body of lunatics as they really are, mentally and physically in their average condition, should visit them in their recreation hours, not too closely attended by officials who, taken at the best, are far more commonly a terror to evil-doers than a praise to those that do well.

It is instructive to note the difference between the inmates of an asylum in which the wards are crowded, the discipline—that ugly word—a compound of severity and laxity, as commonly happens when the superintendent is burdened with the care of more patients than he can personally supervise, and is at the same time humane, while his officers are numerous and neither better nor worse than attendants elsewhere; and patients at an establishment not too large or overfilled, and so conducted as to combine the largest amount of liberty with the least license. If a number of persons, sane or unsound, must needs be subjugated and controlled in the mass, the supreme ruler should be a strict and even stern disciplinarian, and the practice of an institution so ordered will be least objectionable when most automatic. Any benefit which the individual can derive from being ground and moulded to a particular epicycloidal curve, so as to fit in and play the part of a well-fashioned pin or cog in the perfect and smoothly working machinery, will be gained in less time and more easily if the process be carried out with strict method, than if it is interrupted at points by the well-meant but ill-judged leniency of a kind-hearted martinet. I think the idea of drilling mad people into sanity is absurd; but if the operation is to be performed, let it be done with all the address and rapidity practicable. Do not prolong the misery of your patient by laying down the cautery and loosening his bandages every now and again, that he may receive the caresses of his sympathetic tormentor.

I may seem to overstate the case. Those who have watched the process narrowly will scarcely think so. Turn the inmates of one of those asylums, where this spasmodic tyranny of rigid regulations capriciously relaxed prevails, into their airing courts, and see what follows. The cunning are busy with their schemings—and those who think lunatics have not the wit to combine, and even conspire, may correct that impression

by a little close observation. The vicious improve the opportunity offered by less strict surveillance for mischief; the moody brood in corners; the cantankerous quarrel in groups; the vengeful and pugnacious vent their accumulated spite and ferocity on those who have offended them, and on the inoffensive who fare badly, being either knocked about or neglected. In a word, all the evil and morbid passions seem to be let loose, and the "pleasure" ground becomes a pandemonium which the perplexed or apathetic attendants on duty are either powerless or too indolent to control. It is difficult to determine whether the scene presented in the crowded airing courts of an asylum of this class or that offered to view at an institution where the rule of law is inflexible is the most depressing. In the more precisely governed institution, the grip of the iron hand is not relaxed; the tokens of enforced order and discipline are everywhere apparent. One-half the population has the appearance of being "moved on" by a police authority, while the other gives the impression of performing a routine duty to escape the penalty of neglect. There is no air of liberty, no seeming enjoyment, not a trace of happiness, of hope, of relief.

The explosion of previously pent-up discontent and passion in the former case is the more alarming, and perhaps mischievous; but the unremitting routine of the recreation-ground in an asylum where the monotonous round of duty is unrelieved is not less dispiriting. It is a huge comfort to turn from scenes like these to that presented by the airing courts of an asylum in which the aim and policy of domestic government is personal, and the dominant thought the wise ordering of a cheerful household, rather than the direction of a penal establishment or the management of a humane menagerie. Children at play, happy holiday-makers out for enjoyment, poor half-witted and feeble folk picking up such pleasure as their limited capacities can appreciate, decrepit or maimed sufferers recruiting strength and drinking in new life in God's free air and amid pleasant surroundings, express the first impressions produced by a spectacle of this more enlivening character. On closer scrutiny the realities of the case are apparent and the reflections awakened less encouraging. These people are not as happy as they appear; their seeming gladness and briskness is the glow of a passing ray of sunshine falling on a black, or at best blank, life. This transient brightening influence has, however, its uses. It lightens the gloom of some, staves off the gathering clouds for others, while for a few it lifts the mist and helps to clear away the fog from a mind weakened and dazed with worry, sorrow, or dissipation, rather than disorganized by disease. In the fact that the minds of patients are thus affected, that they quickly and lightly respond to the restorative influence of cheerful surroundings, we find the proof that their daily lives are so ordered as to foster that innate love of existence and capacity for enjoyment which, let lugubrious moralists preach as they will, is the one heaven-born instinct, the fount of happiness, the secret of a good and strong nature, and the spring of an honourable and pure life. The suicidal maniac will be less intensely, or not so immediately, suicidal when surrounded with cheering and diverting objects and associations. Even the perversely morbid must experience some consciousness of the

incongruity of a deed of violence with such a scene. The thought will be put off for the moment; and procrastination, in a case not wholly incurable, may steal away the opportunity until with the dawn of reason the impulse itself expires. On the same principle of relief in the present engendering hope in the future, all cases of lunacy are benefited by anything and everything that diverts attention from morbid subjects and projects thought into healthy channels. It may not go far, and it will return all too soon; but as with the tottering convalescent who can scarcely crawl over the few feet of ground from his armchair in the open window to a seat on the lawn, the effort gathers fresh strength, and the next may be more considerable. There is nothing like exercise in the open air for body and mind. The breath of life seems to blow through the brain, the cobwebs are swept away, and the mental vision grows clearer, more keen, more truthful. Shut out the world of fact, brood in a stifling atmosphere, weave a web of fancy round the soul, and you get madness. Fanatics call it faith, poets fancy, novelists and novel-readers romance—call it what you will, it is madness; and the only real difference between the religious maniac, the lunatic who imagines himself a hero of some idyl or the leading character of a terrible story which might easily be told in three volumes and called a "work of fiction," and the respectable people who indulge up to a certain point in flights of credulity, wit, and fancy, but stop short of positive insanity, is the difference between a man with a strong will who can drink his three glasses—or three bottles—of wine without transgressing the bounds of prudence, and the luckless being who, less gifted and daring to drink, loses self-control and drinks long and deeply, to his own destruction.

Unless a man be a good driver, or if he is apt to become confused, it is folly to take the reins of a mettlesome horse, smack the whip, and dash into a crowded thoroughfare. It is not less wilful and culpable for men or women to shut themselves out from the world on any pretext, religious, intellectual, or as a piece of selfish caprice, and expect to retain command of their intellects. There is no such thing as solitude in the world. Wherever there is consciousness, there is company. Even sleep has its dreams. Leave the mind alone, and it will conjure up a world of phantoms. For a time the new beings, called into existence by fancy to people the solitude, may be content to play the part of puppets in the hands of their creator. Presently they will take life and rebel. One of the number will put on a crown and wield a sceptre, and if the Pygmalion does not fall in love with the creature of his fancy, he will be enslaved. Henceforward the spectre, seductive as Galatea, or terrible as Frankenstein, will haunt him. The moment he is alone the demon of thought will appear, to deepen the spell or harass his victim. In the issue it becomes apparent that he is mad. This is the mental process of derangement in a multitude of cases the most intractable, the least hopeful. It begins with a shrinking from society or a passion for being alone. Not unfrequently the seeming shrinking is, in fact, a morbid love of loneliness, not because the individual so possessed really likes to be alone, but when left to himself he finds company more to his taste than

is that supplied by his fellow-creatures in the world of fact. Friends, husbands, wives, brothers, sisters—above all, parents—might spare themselves many grave regrets, and save those around them great sorrows, if they discerned the real character of this propensity, and strove judiciously to counteract its mischievous tendency.

I have said self-communing is one of the highways to ruin of mind and body; the path must be retraced if the intellect is to be rescued from its peril. Lunatics should never be left alone with the idol or tyrant of their morbid imaginings. There will be more to say on this point when we come to speak generally of "seclusion" as an element of treatment. What I now urge relates to airing courts and recreation. I believe outdoor exercise plays a prominent, if not the chief, part in curative *régime*, and the grounds set apart for the purpose of open-air enjoyment should be as carefully chosen, as prettily planted, as extensive, and as little enclosed with apparent barriers as it is possible to make them. It has been objected that, in large courts, suicidal and what are called "dangerous" patients cannot be efficiently watched. There is a great deal of nonsense talked and written about "dangerous lunatics." Every person who has lost the power of perfect self-control is occasionally dangerous. Some people are dangerous in their moments of passion; others in their calm intervals are incessantly plotting mischief against somebody or something. This is true of persons reputed sane. Lunatics, without exception, are always dangerous, and they should be dealt with on the assumption that they require constant watching. The neglect of this obvious and imperative precaution has been the cause of many painful occurrences, by which lives of high value, perhaps not irredeemably blighted, have been sacrificed.

The practical question is one of expense, and I maintain it is neither true economy nor ordinary humanity to place poor witless and will-less people in strait-waistcoats, to lock them up in padded rooms, or to turn them loose for an hour a day in a pen, because the community of tax and rate payers are-supposed to be too parsimonious to pay for proper attendance. The imputation is a libel on society. It would not need a rate of half a farthing in the pound to provide adequate personal attendance for lunatics in the county and borough asylums throughout the country. The high crimes against common sense done in the name of economy are heinous, and this niggardliness in the supply of a sufficient and sufficiently good staff of officials at each asylum is one of the least pardonable. Instead of reducing the area of airing courts because attendants are not provided in proportions equal to the need, increase the staff and enlarge the opportunities of moral and mental health for these most pitiable sufferers. There is another reason why the so-called "refractory" or "dangerous" classes of lunatics should have access to the widest expanse of exercising ground. The worst outbreaks and the most unmanageable paroxysms of excitement, which tax the ingenuity and forbearance of asylum officials, occur when the subjects of impulsive mania, whether recurrent or acute, have, like Leyden jars, become charged with a superfluous quantity of potential energy. We shall speak of this matter in detail when it falls under notice at the close in connection with the

general topic "employment of the insane as a curative expedient;" two remarks may, however, be offered at this stage. An excitable lunatic will often work off his passion and warm himself into a good temper if he is permitted a spell of wholesome exercise, even a long run after a ball, or with some harmless purpose which a head attendant worth his salt will easily devise for him—for example, a challenge for a race, a match of quoit-throwing with one of the officials, or some equally obvious artifice. The observation I would make here, and it is one that scarcely needs to be amplified, is that such healthful exercise cannot be replaced by the regulation mill-horse round or prison tramp, or "double," in a cramped and dismal court. There is only one wise policy with regard to asylum pleasure-grounds, and that is carried out, in a manner leaving little to be desired, at Brookwood.

Indoor amusements for the insane are only second in importance to exercise in the open air. It must not be supposed that because the inmates of county and borough asylums are for the most part taken from the orders which live by labour, they do not stand in need of diverting entertainments. Without doubt, work, even laborious employment, is one of the potent agents of mental medicine which should be exhibited with energy in the treatment of insanity; but if I were asked to name the class and character of the cases in which it is chiefly required, I should indicate the patients whose lives up to the time of their derangement have been squandered in idleness and luxury—the inert, vegetative beings whose minds have lost tone and elasticity from sheer listlessness, whose bodies and brains have grown flabby together by reason of their disuse, and in whom the lapse of will has supervened upon laxity of principle, and loss of mind is the cumulative consequence of licentious courses and loose morals. For such patients work, hard and bracing, is the best of restoratives. It has been contended that change of scene and custom is one of the first, if not the principal, of remedial measures. The change these sufferers most urgently require is from idleness to industry. Meanwhile, the change needful for the majority of pauper lunatics is from work to play, from the remorseless pressure of poverty to comparative plenty, from a ceaseless round of toil and weariness to rest.

I am very far from thinking the superintendent of a pauper establishment would be justified in leaving his patients without suitable occupation. The considerations which appear to me conclusive as to the evil of allowing lunatics to be alone with the ogre of their disease tell with equal force against idleness. To walk through the day-room of some asylums and see men and women full of life and with plenty of energy, though dormant or perverted, sitting, lounging, or lying about unemployed, the men generally dozing in front of a fire, the women chattering about their grievances, is distressing and in a certain degree irritating. It will hereafter be for me to show that the proportion of an insane community capable of being engaged in work of any kind affords a valuable indication of the class of cases comprised. This is the fitting place to say that, in my judgment, the relative number employed is, even more directly, significant of the wisdom and address with which an asylum is conducted. It

is impossible not to feel that nearly all insane persons—except those suffering from some physical complication which disables them, or who happen to be passing through a period of excitement—may be induced to work, provided only that the occupation offered is suitable. By no means adequate attention has been bestowed on this essential element of treatment. The number of trades followed in these institutions is too small, and the manner in which the work is carried on is too desultory. Nevertheless, judiciously selected and wisely arranged amusements are not to be ranked among the luxuries, or even the “comforts,” of an asylum for the insane poor. They are the necessary and essential agents of a rapid and complete system of treatment as applied to a class of cases in which amusement supplies a relief and, skilfully employed, may serve as a lever to lift the mind out of the ugly rut it has been ploughing for itself ever since the wheels left the rails and perhaps to get it back on the line again. Everything depends on the sagacity and purpose with which an entertainment is chosen. We hear it urged that the balls and theatrical performances so much in fashion at asylums are as necessary for the officers and attendants as for patients. This view is occasionally adopted, and with considerable frankness avowed, by members of the visiting committee: “It helps to keep the staff, and corps of attendants, together, and affords them diversion.” If this were the only or the chief good accomplished by such entertainments, I should most strenuously urge their abandonment. I confess it is the official phase of associated amusements which strikes me as the most unsatisfactory.

I do not understand how discipline—we are now speaking of the officials—can be maintained, when the superintendent plays the leading character in a burlesque or the chief part in a farce with his attendants, on the stage in the evening, and resumes the *rôle* of a supreme manager enforcing duty on these very attendants in the morning. That admirable order and perfect propriety are preserved, and that discipline is rigorously maintained, cannot be questioned. The part is excellently performed, but how? I simply say I do not understand it. When Blondin walked across what seemed a tiny rope stretched some sixty feet above the ground, I grew giddy in looking up at him; but after seeing him once safe across, I ceased to be anxious for M. Blondin, and began to think chiefly about those who would essay the same exploit with a less strong will, and not so clear a head. I trust the crowd of imitators and emulators adopting the practice of themselves giving theatrical entertainments will not find their task involved in unexpected difficulties. It would be better, every way, if the stage-shows provided for patients were got up by outsiders. The cost of hiring a troupe would not be great; indeed, the passion for play-acting is so common just now that there could scarcely be any serious difficulty in obtaining such aid for nothing—beyond the expense of rigging the scenes and machinery. On no account, and under no circumstances, ought the female officers of an asylum to be permitted to take part as performers in these spectacles. When the practice goes the length of allowing these young persons to form themselves into a *corps de ballet* for the delectation of patients and others—there is no ballet

at Brookwood—I think the rule of prudence is so far transgressed that it becomes a duty to beg managers of asylums to reconsider the whole question in its social bearings, and to take such means as may be deemed expedient to avert the ruin and sacrifice of a useful agency. Theatrical amusements, if the pieces be wisely chosen, if the performers are outsiders, and the entertainments be well conducted, offer many advantages over more boisterous recreations. The “blood and thunder” drama should, however, be rigorously excluded, even when it takes the form of burlesque.

I can easily see how, to a patient possessed with the purpose of self-destruction, and in whose disordered mind suicide is surrounded by a halo of heroism or dignity, the sight of a piece—all the more captivating because it deals with murder—wherein the folly of believing in visions and voices, the stupidity of the idea of self-destruction, and the contemptible character of that recourse, are forcibly and humorously illustrated, may be permanently useful. For every such case, however, there must be a score to whom the suggestion, rather than the satire, will be prominent. These considerations ought to be borne in memory, and, while providing an attractive spectacle with brightly moving forms and glowing colours for the scarcely conscious, gay and inspiriting music for the depressed, and a sparkling dialogue and interesting stage business for those who can appreciate such matters, jealous care should be taken not to offend the prejudices, stir the evil passions, or influence the prurient imaginations of patients who may be mischievously inclined. It will be said superintendents select the audience as well as the play. That is true, doubtless; but, with great faith in the acumen of these gentlemen, I do not believe them infallible, and it is difficult to convince one's self that they are not sometimes at fault. Concerts are unexceptionable, but generally dreary, entertainments. Balls are either good or bad, as they chance to be conducted. The labour of superintending a ball—as I have seen some conducted—with an address perfectly astonishing, is overwhelming. Scarcely one physician in twenty could get through the duty without a severe strain on his strength and temper. When there are several medical officers the task may be divided, but it will fall heavily on all; nevertheless the thing is worth doing. The social intercourse, the exercise, the enlivening influences of a dance, are especially valuable.

The exacerbation some authorities appear to dread is a bugbear. The excitement attendant on mental disease is generally spurious. It is like the boiling-over of milk, instantaneous and evanescent. With proper caution it need not occur. I am not now speaking of the periodic cumulative irritation of impulsive mania or epilepsy. That is a matter wholly distinct; it is an integral part of the disease, and, as far as the cause is concerned, unpreventable, though the explosion may often be averted. The excitement to which I now refer is the sort of perturbation which results from over-feeding, underworking, or teasing a nervous horse. Sane people have no right to irritate lunatics. If they indulge in the evil habit, they must not be surprised at the result. To turn round and abuse, punish, or even threaten a poor creature so provoked to the commission

of some indiscretion, is cruelty. There are many ways of teasing, and some of the number are unfortunately counted acts of kindness. On this subject I shall have something to remark in connection with other topics ; but the excitement said to be produced by associated entertainments, when it actually occurs, may be commonly set down to bad management. Idle talking to insane persons ought to be sternly deprecated. "Rallying" them good-temperedly, so far as the sane person is concerned, will perhaps be play, but it may be death to the lunatic. I do not think there is quite enough thought on this point, and perhaps this is why, occasionally, entertainments, otherwise well conducted, produce undue excitement in place of healthful life. It was necessary to notice some of these drawbacks to the success of associated amusements in order to clear my way for the assertion that these entertainments are in the highest sense desirable, and that a capacious recreation hall is a necessity at every well-organized asylum. Happily it is a requirement which has already secured recognition, possibly because superintendents have brought their influence on committees to bear in favour of such a provision with an energy not always displayed in the advocacy of "improvements" needed in other directions quite as urgently.

Cottage hospitals, or some equally efficient convenience for the instant isolation of cases of epidemic disease, are indispensable to the safety of asylum populations. No words of mine are wanted to enforce the claim of expediency ; it is admitted, and, after a fashion, it is generally met. The qualifications I must append to this statement are, first, that detached hospitals are not always self-contained—they are too frequently deficient either in laundry appliances or disinfecting apparatus, in which case they are practically useless ; and, second, they are occasionally special structures only in name. Under pretence of building a detached hospital, committees have, in fact, extended the accommodation in an asylum by erecting a new block. Detached blocks are admirable adjuncts to any institution. They afford facilities for the separation of convalescents, who improve apace in small communities—like those lodged in the several houses appropriated to divers purposes, and as the residences of subordinate officials, at Brookwood—but the cottage hospital should always be counted out of the number. I do not attach any great importance to the apprehension expressed by some superintendents, that it would be difficult to remove the patients allowed to reside in these blocks, if an epidemic occurred. This obstacle might, with a little management, be overcome. The more serious difficulty arises from the circumstance that, having provided a detached building for hospital purposes, a committee is apt to suppose the establishment as a whole is so much the larger, and the moment that impression exists it is sure to be acted upon. Medical superintendents would do wisely to fight the battle for a detached hospital, on clear ground. It is nearly always a hard matter to get such a convenience supplied, but it will save trouble to make it understood at the outset that it is not to be used except as an entirely independent block, and that it will not add a single bed to the accommodation available for county, union, or parochial purposes. Superintendents who accept

part of an hospital—a few bed-rooms, day-rooms, a kitchen, scullery, and cellars, without laundry, drying chamber, disinfecting apparatus, or an independent storehouse and water supply—on the principle that “half a loaf is better than no bread,” are making trouble for the future, and creating a difficulty which no ingenuity can wholly surmount when an emergency suddenly occurs.

The daily life of the patients is well ordered. The time is filled up without being excessively burdened with engagements. There is neither the measured haste of an oppressive industrial *régime*, nor the monotony of prison discipline. A kindly and sympathetic intelligence seems to hold the reins of government in perpetual control, and its modifying influence is apparent at every point of the system. The feeble and infirm patients are not ruthlessly routed from their beds, while those who would drift into habitual inertia are judiciously urged to activity by encouragement and example, instead of being irritated and coerced. Those who have witnessed the results of a dissimilar practice at some asylums will not fail to recognize how much the substitution of this more considerate method involves and implies. The service of the attendants is as orderly and effective as a well-devised system of checks and counter-checks can make it. The remarkably small number of “wet” and “dirty” cases reported, observed by the Commissioners in Lunacy from time to time, or recorded in the books which we were allowed to inspect, speaks well for the attendance. The number of patients “raised” bears significant proportions to the instances of misadventure. The personal responsibility of the officials is clearly well enforced, and the principle of minimizing safeguards and appliances, which too commonly prove excuses for neglect or carelessness, is in large measure successful, and productive of watchfulness and diligence. The patients are suitably clothed, but the depressing effect of a uniform, especially marked in the case of females, is wisely avoided. The dietary is sufficiently and well varied. It includes a liberal supply of vegetables and fruit. An occasional fish dinner has recently been added, and one of Australian meat, admirably prepared, is greatly relished. Patients are carefully weighed every month, and the results recorded, so that any failure of nutrition requiring a change of food is promptly detected. The allowance of extras is governed solely by the needs of the special case for

which they are prescribed. The arrangements for the health and comfort of the inmates may be fairly summed up in the language of one of the medical reports : Brookwood Asylum is an hospital for the cure of curable diseases, not a huge dépôt for chronic cases. The efficiency of the ordinary medical superintendence was seriously and suddenly tested by an outbreak of small-pox in 1871. The expedition with which the epidemic was stamped out proved the completeness of the sanitary system and the vigour of the staff. The provisions against risk from fire, always of the greatest importance in an institution of this class, are respectable. Hydrants are placed on all the principal floors and levels, and connected with a large tank at the summit of a tower. This was not as well filled *as it ought always to be* when we visited the asylum ; but the point is not overlooked. There is a fire-engine and a fire-escape in an out-house, and a corps of firemen has been organized under the command of the engineer of the asylum, and is regularly drilled. A periodic inspection by Captain Shaw would be of service. We commend the suggestion to the visiting committee. The cost of patients is now only ten shillings and sixpence a week per head, inclusive of all charges.

It is confessedly difficult to frame a routine system of domestic life for the inmates of an asylum which shall not operate injuriously on some. The mere methodical round of doings and duties in a well-ordered household will exert a distressing and depressing influence in certain cases. Medical officers of prisons are familiar with the effects of a monotonous discipline. It plays again and again upon the same sensibilities, until the power of endurance is exhausted, and a tumult is excited which spreads from point to point, so that the whole mental and moral system is agitated as with an electric storm—a process like that which occurs in the physical organism when convulsive movements produced in a set of muscles energized by a particular nervous centre are propagated from centre to centre, involving the entire body. Possibly the *modus operandi* of the mental stimulus, to some extent, resembles that of the nerve excitation by electricity which produces a tetanic spasm. If the shocks succeed each other at the rate of 19·5 per second, the clonic contractions excited culminate in a tonic action. Perhaps the succession of similar events, emotions, and impulses, after a time, causes a mental tension which issues in an outbreak. The mind, using that term as comprehending the intellectual and moral being, becomes exhausted. The controlling influence of the will fails, and the emotional sensibilities and impulses, under normal conditions held in check and subdued, revolt.

Emotion is the energy of mental force. It gains strength by being pent up, just as the mainspring of a watch accumulates potential energy when it is wound. To follow out the simile, if the balance and check movement are removed, the spring uncoils itself with all the reserve force of its constrained position. A monotonous routine slowly coils the mental spring. While the will, influenced by considerations of duty and fear, holds it in check, the emotional nature is subdued and simply gives strength to character. When the controlling power gives way, exhausted, generally after a period of sustained tension—possibly produced, as I have supposed, by the methodical succession of mental impressions—the pent-up force is liberated and the outbreak occurs. I do not assert that this is the true explanation of a most interesting psychical phenomenon ; but it will serve, in the absence of a better, to hang the few remarks I have to offer on the subject of routine in asylums upon, and I am not sure that it does not supply the key to more than one enigma.

If it be the fact that a succession of mental stimuli operates upon mind in the same way that a succession of electric excitations acts upon muscle, it is not difficult to see how in some cases this monotonous discipline seems to strengthen and develop the faculty of control, while in others it weakens or even destroys it. For example, a man or woman with a weak, impulsive character, irritable nerves, and preternaturally active powers of ideation, subjective reasoning, and what I may perhaps be permitted to call moral projection, loses self-control because the will is, so to speak, bewildered. Like a driver who has lost his head in an emergency, it is baffled by the difficulty of keeping a multitude of refractory perceptions, inferences, and reflections in order ; it is unable to make them pull together, and so drops the ribbons and topples off the box. Except the shock and bruises occasioned by the fall, the will is not permanently injured ; it has been unseated, and is likely to fall in any similar difficulty ; but for the nonce it may be put on its seat again, and resume work as though nothing had happened. Nothing is better calculated to perform this gracious service promptly and effectually than a course of wisely ordered domestic discipline. The mind is tranquilized by the soothing effect of quiet methods. The regularity and rhythm lull the turmoil within, the machine-like movement gives the mind confidence by relieving it for the time of the burdensome sense of responsibility, and the sufferer is restored. This is the class of case in which routine works beneficially. Take another example. A mind inclined to be moody, a mental being whose bane is inertia, whose weakness is due to a waste of moral fibre, who thinks and acts with other brains and under the dominion of stronger wills, is suddenly deprived of the prop on which it has been wont to lean, or the dominant intellect at whose bidding it has been accustomed to act. The indication of the mental condition is clearly to arouse the faculty of self-control to action. If this is not done, and speedily, some demon conjured up by fancy in its distress will be sure to usurp the place of mentor, and visions or voices, the creatures of a crazy self-consciousness, will convert the victim of this mental catastrophe into the life-long dupe of a delusion. Place a

patient so affected under a monotonous discipline, save him the trouble of thought, treat him as a machine, and he will rapidly become one—a mere puppet, not in the hands of the genius of the system by which he is surrounded, but of the spectral monster imagination has created within. If two powers operate on the same subject, the nearer, the more constant, the most mysterious, will be supreme. In such a case routine means ruin, and the more monotonous the discipline the more disastrous the effect.

Neither of these hypothetical examples will explain the morbid condition and phenomena to which I alluded when speaking of paroxysmal excitement. I have traced them only to illustrate my position with regard to the totally different effects of discipline on opposite states of morbid feeling and temperament. The theory of action which suggests itself to my own mind is briefly this :—As a moderate current of electricity gives tone and force, by restoring rhythm to muscular contraction, so an orderly succession of mental stimuli of the mildest character gives tone and strength to mind by precisely the same process ; namely, the methodizing, the combination, and consequent economy of forces. A muscular convulsion is a storm of purposeless action in which energy is wasted. Irritability, according to the definition accepted five and twenty years ago, and it has not been replaced by a better, is : the impulse and effort to act without the power to act with. The response to a stimulus is too rapid, and it lacks purpose ; it acts without the will. This explanation of the phenomenon was intended to apply to the irritability expressed by irregular movements of muscle, but it will serve with equal clearness in application to irritability of mind. The mental sensibilities are excited too quickly, and they respond without intelligent purpose and without the controlling and combining influence of the will.

Orderly action is indispensable to orderly nutrition, and without nutrition there must be weakness, disintegration, and decay, whether of body or mind. If order can be substituted for mental disorder, the first step has been taken to conserve mental strength and restore energy to subjection as the servant of the will. Routine discipline—the more rhythmical and monotonous the better when monotony is soothing in its influence—being, so to speak, superimposed upon the chaotic condition, harmonizes and induces a corresponding orderly rhythm in the disorder below ; just as, when certain vibrating objects are sounding in discord, the production of a sustained dominant note will control and combine them. It is essential to the success of this last-mentioned experiment that the dominant note should be made up of vibrations which stand in specific rhythmical relation to the normal composition of the sounds to be combined. The same rule holds good in the case of methodical moral influences intended to restore order to the impulsive irritability of a disordered mind. When it is possible to deal with an individual patient, the routine may be skilfully adapted to idiosyncrasies of temper, habit, and thought. This necessity of a scientific use of discipline as a remedial agent in the treatment of insanity has been too commonly disregarded. A crude system of order has been imposed upon the

disorder of minds unstudied and therefore not understood, and the effect of the incompatible note struck with a view to re-establish concord has been to intensify the discord. It is obviously impossible to adapt the domestic order of a county or borough asylum to the special needs and peculiarities of individual patients, but it may be so planned as to satisfy the requirements of the largest number of inmates. In short, the secret of success in the moral management of large communities of the insane consists in devising a system of domestic discipline neither too lax nor too rigid, sufficiently comprehensive without defining details by too hard outlines, and broad enough to allow such deviations from precise courses of conduct and duty as the idiosyncrasies of patients demand. This endeavour is admirably supplemented by drafting off small parties of selected cases into separate establishments grouped under the same superintending authority. At Brookwood, and elsewhere, the detached domestic residences of the gardener, the bailiff, and other subordinate officials are utilized for this useful purpose with the best results.

There are points of great moment in the so-called discipline of an asylum which call for special notice, such as the mischievous practice of rousing patients roughly from their beds in the morning, the rude enforcement of habits of cleanliness in person and act, of neatness in dress, and decorum in conduct; but the measures to accomplish these objects are so essentially elements of "treatment" that I prefer to deal with them at the close in that aspect. The subjects of dress and diet fall naturally into the same category. There is, however, one topic of the report we are following to which I may at this point conveniently advert. That is the all-important subject of precautions against accident by fire, and protection from the contingent consequences of such a calamity if it befall an establishment so ill able to sustain the infliction or cope with the peril as an asylum for the insane. Superadded to the ordinary risks of house-burning, there is the enormous difficulty of preserving order among the patients while effecting their rescue. In the deplorable cases which have occurred it has been found impossible to avoid the sacrifice of many lives. The insane inmates, instead of aiding their escape, or remaining passive in the hands of those who strove to save them, have become possessed with the most hideous delusions, and with demoniacal strength and ingenuity baffled the effort to remove them to a place of safety. Some have danced wildly in the flames; others have crouched in inaccessible corners, and fiercely or sullenly resisted every endeavour to lure them within reach of persons striving to help them. They have even climbed chimney-stacks and scaled tottering walls in the mad effort to escape from the friends they mistook for tormentors.

All this will assuredly be repeated in any burning of an asylum which may happen, and we have no right to expect immunity from such an accident. The first measures of safety, of course, rest with those who plan and build asylums. No one who has examined the narrow doorways and staircases leading from the dormitories and upper wards of most of our large asylums can fail to be impressed with the conviction that the possible occurrence of a panic has been forgotten. The inevitable consequences of a rush from the higher stories of even the best asylums are terrible to

contemplate. The calamity which must ensue would be a holocaust. The sole idea seems to have been to render the building fire-proof; beyond that, not a thought has been bestowed on what may happen if the fire-proof building *burns*—a paradoxical but by no means improbable contingency. Water is generally laid on, and hydrants are provided, but in the majority of instances the keys are in the keeping of one set of officials, the jet pipes are deposited in the care of another, and a third authority is responsible for the water supply. I remember only a very few establishments in which the several parts of the apparatus are so placed that any one, by simply breaking a pane of glass and turning the handle of a cock carefully fitted and in good working order, can in a few moments procure the necessary supply; and even in these cases it is not certain that the tanks will be properly filled. Extincteurs, if provided, are scarcely likely to prove of much service in case of fire in an asylum.

The threatening source of danger is gas. The heating apparatus at these institutions is generally on a large scale, and likely to be so well cared for by a skilled engineer that, except in immediate connection with single or padded rooms, an accident is not very likely to occur. That these apartments especially should be closely and frequently inspected with a view to detect the work of some mischievous hand is so obvious that the point need scarcely be insisted upon. Dangers from fireplaces, whether protected by guards or open—I have said that I believe the last mentioned are the more safe—do not occasion great anxiety. The charge attendant on duty will in most instances be sufficiently careful on this point. The perilous practice of lighting asylums with ordinary fittings, such as gas brackets and pendants, is, however, so common that I confess the danger appears to me very considerable. In answer to inquiries I have scarcely been able to discover an instance in which patients have maliciously or by misadventure broken these objectionable fittings, and my fears have been met by the assurance that no accident has occurred or is deemed probable. Nevertheless, I am not satisfied. It seems to me most unwise to dangle so tempting an object of mischief before mad people, and expect them to refrain from misconduct. At one institution I was informed that the bracket would infallibly give way if a patient tried to hang himself upon it; that is possible, but however tough the metal pipe may be it might be torn, and if this happened an escape of gas would be inevitable. I think all dormitories and day-rooms should be lighted with jets or sun-burners out of reach in the ceiling, and single rooms, ward sculleries, lavatories, and water-closets, from outside. These arrangements may be made to assist ventilation, and they secure safety. All gas-pipes, whether of iron or soft metal, ought to be imbedded in the walls, or so placed as to be out of sight and inaccessible to the inmates.

So much for the domestic apartments of an asylum; but it is not in these I think danger lurks to the most alarming extent. The storerooms, laundry, and drying-rooms, the kitchen, and, above all, the workshops and offices of an asylum are the situations in which mischief is most likely to arise. Carpenters', tailors', and smiths' shops are peculiarly ex-

posed to peril, and as these are left early in the afternoon, they ought to be most carefully inspected. The shop stoves, fireplaces, gas-fittings, are particularly liable to accident, and on more than one occasion I have noticed an escape of gas which proved the fear of mischief to be no bugbear. Every precaution may, however, be taken and a calamity occur. In that event the consequences would be directly determined by the efficiency of the appliances for protection. Besides hydrants, there is generally an engine of some kind on the asylum premises ; in most cases, also, there is a fire brigade formed of attendants and under the direction of the engineer as head fireman. All this is well enough ; but, unfortunately, the very attendants who are to be engrossed with the attempt to extinguish a fire would be more urgently needed to control and assist the patients, many of whom would be locked in single rooms, and the rest in parties of twenty, thirty, fifty, or even more, raging like furies in their dormitories or day-rooms. The fire brigade should be independent of the attendants ; it might be composed of the farm labourers and others outside the establishment. Attendants had better be organized and instructed in the special duty of saving life. There is probably only one man really competent to advise visiting committees and medical superintendents of asylums how this should be done. To Captain Shaw, the able and scientific chief of the Metropolitan Fire Brigade, I would refer them. Suffice it only to remark that if the men trained under his direction for public purposes need to be practised in the arts of climbing, tying knots, and manipulating dazed or delirious sane people, how much more necessary must it be to instruct and familiarize those who are not sailors by profession, and who will have to deal with mad people, in the use of methods and apparatus which require peculiar presence of mind, special skill, and clear-headed wit and forethought for their management ! I will not now speak of water-supply, because that subject is so large it needs to be dealt with separately.

We come next to the

TREATMENT.

"Insanity is so essentially a disease of debility," remarked the medical superintendent, in his first annual report (1868), "that, as a necessary starting-point to its successful treatment, a good and generous diet is required." This, as we have stated above, is provided. The general discipline is equally satisfactory. Courtesy, patience, thoughtfulness, watchfulness, truthfulness, and sympathy are the virtues expected and required from officials in their daily dealings with the insane ; and the cultivation of these qualities is enforced by an admirable code of rules of conduct, which every attendant is enjoined to study and obey. Great care is exercised in the appointment of suitable attendants for the

wards—I to 10·5 patients on the male side, and 1 to 12·6 on the female. As far as we can judge from appearances, and from the condition of the wards, which commonly affords some indication, the service is fairly satisfactory. This impression is confirmed by careful examination of the Commissioners' reports, and by the measures taken in cases where the attendants have failed in their duty. A wise discretion has been shown in choosing persons who have not previously been engaged at other asylums, where they may not only have picked up "experience in the *management* of the insane"—at best a very equivocal qualification—but acquired habits of expertness in the evasion of rules and the perfunctory performance of duties required of them, with a facile skill in deceiving those in authority and shifting the obligations of direct personal responsibility. A very complete and apparently effective system of registers and reports is in force, and, if fully carried out, the details, symptoms, and behaviour of each case must be brought under the cognizance of the medical officers. We are assured that this system is tested at all points and checked by observation, and the demeanour of the patients certainly conveys the impression that they live as orderly, healthful, and pleasant lives as their condition admits. The fundamental principle would seem to be to place every patient as much at ease as his or her state will allow, and to obviate the feeling of restraint, while all provocations to the display of temper and excitement are most carefully avoided. The physical condition of each patient on reception is minutely examined and noted. In the case of every person sent in from a workhouse, a special statement of the condition in which he reaches the asylum is forwarded to the local board of guardians. Since this procedure has been adopted, a marked improvement in the method of removal and in the state of such patients has been observed. The bodily health of a patient is the object of primary care. As regards the general method of treatment the following passage, which we extract from the report of the medical superintendent at the close of 1874, is significant:—

"Mechanical restraint has not been employed since the opening of the asylum, and there has been no instance of seclusion since the year 1870."

Previous to 1870, "seclusion"—*i.e.*, placing a patient in a room alone, and locking or otherwise securing the door—was adopted in seventy *instances*, distributed over sixteen *cases*. For example, in 1867 there was a case of puerperal mania of unusual severity. Opium had been largely administered before admission. The patient was secluded for short periods thirty-six times. Eight other cases during the same year were secluded, in all, thirteen times. The asylum was opened on the 17th of June, and to the 31st of December—

in 1867 there were 9 cases, comprising 49 instances.

" 1868	"	3	"	"	15	"
" 1869	"	2	"	"	4	"
" 1870	"	2	"	"	2	"
<hr/>					<hr/>	
					16	70

The report of the Commissioners in Lunacy, dated June 17th, 1870, contains a significant paragraph:—

"Upon this subject (seclusion) Dr. Brushfield states, as the result of his experience and observation, that special care and treatment in the open wards is preferable in all cases of violent excitement to seclusion. He is strongly of opinion that not only is the benefit to the patient thereby promoted, but the effect is to insure vigilance and the more efficient performance of their duties on the part of the attendants."

The circumstances, that the asylum was a new one undergoing continual alterations, and that the staff of attendants was scarcely in working order, together with the exceptional severity of some of the cases occurring before 1870, must count for much in the explanation why the medical superintendent did not earlier act on his personal convictions. We do not understand from Dr. Brushfield that he entirely abandons "seclusion" as a method of treating excitement; but the cases in which it might, in his opinion, be of use are so seldom met with, that shutting a patient up alone to play out his passion in a padded room, or to "calm down" his excitement in solitude with nothing but the demon of his own disease by way of companionship, is practically eliminated from the system of treatment. Next to the folly of attempting to overcome violence by violence, so forcibly exposed by Dr. Conolly years ago, or of seeking to dispel deceptive

persuasions by deceit, this trouble-saving artifice of seclusion is conspicuously irrational, and might well be wholly discountenanced.

The method now generally adopted with particularly excited cases at Brookwood is to place the patient in a single room of small size but in no way peculiar; to tell off one, two, or if necessary more, attendants for the special duty of watching and, with moral influences, protecting and controlling him; and then to gradually withdraw the demonstration of strength as the excitement subsides until a single attendant sitting outside the room with the door open will suffice for effectual guardianship. Scarcely any cases so controlled call for physical force, and, when indispensable, it is employed without mechanical appliances, and with studious calmness and moderation. All pressure on the chest and body is peremptorily interdicted. During our visit we had the opportunity of seeing a woman of violent temperament and in considerable excitement so treated. In a padded room she would have been furious. We have known less turbulence produce wild havoc in a chamber elaborately cushioned from floor to ceiling. In this instance the patient walked about good-temperedly, leaving and re-entering her room at pleasure, always closely, but not unpleasantly, attended by the official on duty, and was quite content to vent her impulse in an occasional outburst of vehement chattering or loud singing. By the absence of anything to exasperate the emotions, or to quarrel with, excitement was kept at its lowest point, and therefore incomparably less injurious to the brain and morbid will, besides being more easily restrained by suasive influences. A boisterous case was seen stamping with harmless energy in an open ward, and evidently passing through a paroxysm under the watchful eyes of attendants and the amused gaze of quiet inmates, many degrees below the fever heat of conventionally "restrained" madness.

What may perhaps be designated the negative treatment of insanity is wholly of this class at Brookwood. Everything is so ordered as to tone down excitement and spare strength. Exhaustion is never desired, much less courted, or perhaps intentionally brought about, by the measures adopted with a view to reduce the more formidable and troublesome

symptoms of mania. There are no punishments properly so called. The shower bath is *never*, we are assured, under any circumstances employed as a measure of discipline. When required for physical treatment, it is especially explained to the patient that the reason of its use is purely medical, and he is generally induced to enter the bath himself and pull the valve-string "for his own benefit." The only correctionary discipline takes the form of a deprivation of some privilege or enjoyment not essential to health, and this can never be administered except by direct personal order of the medical officer. The attendants have no "power," and nothing is left to their "discretion."

The positive remedial treatment is essentially moral and mental. Patients are provided with suitable and interesting employment, and sedulously diverted from their own brooding fantasies. The outdoor labour and the works carried on within the asylum are so arranged as to afford a varied source of interest. The patients are allowed to work *with* the attendants, not to perform a task under their surveillance. It was difficult, in many cases impossible, to tell which were the attendants and which the patients, so cheerfully did the two classes labour in companionship. More purely diverting appliances, such as stage-plays, concerts, conjuring *séances*, panoramas, balls, illustrated lectures, and exhibitions of divers kinds, are employed, systematically and at short intervals, as means of taking the mind out of itself and leading it back to normal trains of thought and methods of thinking, through new channels. The asylum band, composed of the attendants and officials, numbers sixteen. Neither pains nor expense are spared to perfect this valuable repertory of mental remedies. No means of reaching and swaying the mind are neglected. The patients are never left without restorative and healthful agents at work around and upon them; and it is by the continuous operation of such constraining and persuasive mental influences that the cure of curable cases is sought to be effected. Of course the chronic cases, and those complicated with epilepsy and general paralysis, are not susceptible of remedy by mental treatment, if at all; but even in these deplorable instances much is gained by the ameliorating though transient influences exerted.

I have thought it better not to interrupt the current of the report in this section. It is confessedly a condensed summary of general impressions. It will be my ultimate object to place before the profession a more detailed statement of the agents and processes employed in asylums for the cure of insanity. The immediate business, however, is to describe the "treatment" at Brookwood; and I shall keep as closely as may be within the scope of that task. It is manifestly impossible in a critical work like the present, running over a number of similar institutions in succession, to avoid repetition. I have no right to assume that my reader will follow me straight through. The plan I have sketched for myself is therefore to wholly disregard the probability of repeating observations in the several notices, and to write as though those interested in a particular institution would first read what I have to say in the pages devoted to its discussion, and then pass to the chapters on "Asylums," "Organization," "Classification," "Treatment," and "Results," etc., at the close, in which the subjects noticed critically in connection with the reports are examined from a more central point of view, and receive, if I may venture to use the phrase, didactic exposition.

The class of cases falling under the care of a county asylum superintendent includes a large proportion in which deficiency of nutrition is the primary evil. Speaking generally, the causation of insanity everywhere, special organic disease apart, is an affair of three w's—worry, want, and wickedness. Its cure is a matter of three m's—method, meat, and morality. Pauper asylums are crowded with the victims of want and wickedness. They also get their share of the wrecks wrought by the whirlwind of worry, domestic and personal. Of these last a large proportion are women. If the paralytic, the epileptic, and the subjects of organic brain and cord disease generally, were eliminated, the remainder would be found to consist mainly of persons of all ages, but particularly between twenty and thirty years, with impoverished blood and anæmic nervous centres, the victims of want; men above fifty in the same plight, and from the same cause prematurely wasting; youths of both sexes the victims of vice; women from twenty three or four to forty driven to madness by trouble in their families, or exhibiting the forms of mania, puerperal and impulsive, which arise from exhausting processes performed by ill-nourished bodies with starved brains; and a considerable sprinkling of cases, commonly, as I believe, multiplied by the pardonable misconception of medical superintendents, who assume that in every case of a lunatic "previously addicted to excess" the cause of his disease is *drink*.

The recourse to intoxicating liquors is probably, in many instances, the effect of the malady, just as the symptom miscalled kleptomania is in many cases the consequence, certainly not a cause, of general paralysis. When a destructive disease insidiously invades the organism, it first saps the life and then destroys the structure of the tissues on which it preys. The fruit fails, then the flower, later on the leaf; and in the end the tree itself withers and dies. In the same order the moral character is early impaired when paralytic disease attacks the brain. The less well-developed,

and therefore the weakest, of what I may perhaps be allowed to term the automatic elements of the mind, the habits and propensities—those broad lines of character sketched in early life, which, if not bold and strong enough, are so easily rubbed out in later years—give the earliest tokens of a blighting influence at work somewhere near the root. Patients in whom truth-speaking was rather a conventional convenience than a principle, begin to lie. Among the boastful and ambitious the stories told are of grandeur and wealth; with the morbidly timorous and anxious the falsehood will be inspired by some calamity supposed to be impending or, perhaps, to have fallen upon the sufferer. When honesty is a matter of habit rather than moral intention, the victim begins to steal, and the exercise of ingenuity in the act only shows that the animal propensity to secret and mischievous pelf is no longer held in restraint. The controlling faculty is paralyzed. It was never very strong, and it has been among the earliest of the so-called principles to succumb. In the same way, commonly as I believe, a passion and apparent love of drink is engendered. The craving may arise from congenital or educational causes. It has hitherto been held in subjection, perhaps unconsciously, with now and again an outbreak, when the controlling power becoming enfeebled or not being robust has for the moment failed. The habit or propensity, call it what you will, is henceforward unrestrained. The victim takes to drink. The vice is a symptom of the malady, not its cause. It will gain strength, and help to deprave his character and impair his health; it will augment the severity and expedite the progress of the disease with which he is affected, but it is none the less on that account a symptom, like the alternate hope and fear, the mental irritability and final docility—often mistaken for piety—of phthisis, or the ill-temper growing into savagery attendant on gout. Nearly all the diseases of which mind disorder is the cardinal symptom are wholly, or in part, the effect of some fault in nutrition; and how often, among the poorer classes, is that defect due to deficiency in the quantity or quality of their food? Dr. Brushfield is abundantly justified in starting with the assumption that “insanity is essentially a disease of debility,” and directing his primary attention to measures designed for the removal of this difficulty. I must not be supposed to imply that there is any specialty in this treatment. Medical superintendents everywhere recognize the need, and do their utmost to supply it.

In the chapter on “Treatment,” the diet tables of the several asylums visited, with others, will be found collated and computed for nutritious value and potential force. Our present purpose will be satisfied by the remark that the supply of food at Brookwood is abundant, rich in nitrogenous elements, without being too stimulating—a possible contingency—and (what is of especial moment in an institution of this character, more particularly looking to the previous lives and circumstances of the inmates) judiciously managed and varied. When dealing with the subject at length in the chapter to which I have already alluded, I shall, at the risk of seeming to instruct those who are my superiors in knowledge, set out some of the considerations derived from physiological

principles which render diversity and complexity in a food list an economic, not less than a sanatory, necessity. It must not, therefore, be regarded as an unsupported assertion if I now content myself with saying briefly that I believe diet tables rigidly adhered to, so that each day brings its inevitable dinner, are a mistake. The epicure holds dining to be a fine art. Construing this exaggerated but not wholly untruthful proposition into a practical shape, it may be stated that the feeding of a class of persons whose intellects are perverted but whose instincts are abnormally acute and impressionable is a task in which the gross idea of placing a given quantity of nutrient material in empty stomachs ought to occupy a very subordinate position. If no other symptoms indicated the need of æsthetic treatment in this particular, the excessive amount of attention insane people generally bestow on their food, the keenness of their appetites, and the voracity of their hunger would suggest the desirability of seeking to operate on the dormant mental organism through the food, and the method of its administration. This is a phase of the subject almost wholly neglected.

Beyond the occasional gratifying of a popular prejudice in favour of clean table-cloths, such order as may save trouble, and the obvious precaution of counting knives before lunatics leave their tables, there is no thought of making the meals at an asylum minister to the common object and help forward the cure. I confess this seems to me an unaccountable omission. The suggestion will not count for much with those who entertain a dogged conviction that insanity is incurable, or another order of thinkers who, while admitting that mental disease is in some cases susceptible of remedy, conceive that the only means of cure are great and strong measures commensurate with the magnitude of the disorder. Life is made up of trifles. In every sphere of action, physical and mental, the smallest forces help to produce the greatest results. I even find them powerful where larger and coarser elements of causation play a subordinate part. For example, I try to stop a cricket ball with my bat directly opposed to the course of the impinging object, and it splits the thick wood, or drives it home with irresistible momentum. I cease to antagonize the force in the right line and incline the surface of the bat. The ball now flies off at a tangent. I have diverted the course of the missile, and its force is exhausted harmlessly in the air; my wicket is safe. I apply the same general principles to the cure of mental disease, or the relief of mind symptoms dependent on physical maladies, and not only expect, but find, the best, most welcome, and permanent changes following the seemingly slightest modifications of condition. By a simple process of inductive reasoning I infer that these improvements are the effects, and the changes which precede them are the causes, and by deduction I am led to attach the highest importance to matters which at first sight may appear of little moment.

It need occasion economists no anxious misgivings to be told that small matters are often of the highest and gravest importance in an asylum. On the contrary, it should reassure them, because in the coarse world—where, unhappily, the treatment of lunacy is still left from lack

of knowledge—the little things cost less than the great ones, and the manner in which a dinner is served and a diet table diversified will not sensibly affect its ultimate cost, or, if it does, it is just possible that the nominal expenditure may be reduced. This should appease the devotees of the false god Economy, and help to shelve their prejudices until the world has grown wiser and learnt the folly and the wastefulness of worshipping official thrift, at least so blindly as to believe that “a penny saved is” always, or even often, in dealing with paupers, “a penny got.” I will hazard another crude statement at this point, the proof being given further on : five ounces of meat well cooked and pleasantly served will go further than seven or eight roughly prepared and, so to say, pitchforked into the system without regard to the state of mind, the surroundings, or the posture and condition of body when it is administered. It is not enough that patients are fed up to a proper standard of repletion. The diet table tells of the liberality of visiting committees and the bountiful notions of asylum managers, but it is silent as to the sagacity they show in the manner of cooking and serving ; little, therefore, can be inferred as to how far the food taken is actually useful.

Next in order of interest, and perhaps of importance, to the question of feeding lunatics, is that of clothing them. In this matter, again, the manner of carrying out the intention is hardly less worthy of consideration than the object to be accomplished. It is a small but significant circumstance in connection with the provision of clothes for the inmates of asylums that even Commissioners lay mysterious stress on the accident of weight, as though anything beyond the burdensome character of a particular material of dress could possibly be deduced from the number of pounds or ounces it turns in the scale. As regards warmth, the test applied is obviously useless ; two articles of the same material superimposed will be less conductive than one weighing as much as the two together ; and a garment padded with down will be much warmer than one twice as heavy not so prepared. Nor is the durability of clothing to be gathered from its weight. I only mention these matters in passing as a trifling indication of the mistaken method sometimes employed to compass a good object. The real purpose is admirable ; it is doubtless to secure attention for the need of sufficient clothing *without* excessive weight. The test is, however, so applied as to make heaviness a proof of liberality. In the matter of boots, for example, particularly when the wearer is addicted to kicking as a form of misdirected exertion, weight is not an unqualified advantage. I do not, of course, mean to imply that the Commissioners approve heavy clothing ; but the knowledge that some importance is attached to weight in the matter of garments generally, has certainly already induced a tendency to what are called “stout” fabrics and solid materials, which is by no means likely to increase the comfort of patients with abnormally sensitive skins and nervous systems prone to be excited unpleasantly by any trifling source of irritation. Clothing for the insane should be sufficiently heat-conserving without being so dense in texture as either to consolidate and grow hard in wear, or oppose an obstacle to proper evaporation. It is especially undesirable that the vapours

thrown off by the skin of a lunatic should be retained in clothes which are to be worn for a lengthened period. On this and other accounts the materials employed ought to be of a nature which will admit of frequent cleansing without detriment. This is scarcely possible with cloth or corduroy, and it would be well if some comparatively inexpensive fabric could be obtained, of good appearance and suitable character, to replace them.

The use of uniform, or anything resembling it, is objectionable. The moral effect is fatal to the idea of an hospital and the sense of being only resident for a period undefined, it may be, but always capable of being shortened by the patient's own effort to restore self-control. I hold this to be a vital point in the judicious treatment of insanity. The lunatic should never be allowed to lose hope. He ought on no account to contract the impression that his residence is fixed. An intelligent aspiration for liberty—I am not speaking of the raving demand for freedom urged by an acute or confirmed maniac, but of that desire for liberty which forms one of the first tokens of returning self-consciousness—is a healthful and restorative emotion. When hope dies utterly, life becomes a dead weight hard to be borne and barely worth the trouble of preserving. Certainly a purely animal and selfish person is not likely to appraise it at a very high value. In so far as mental disease is susceptible of mental treatment, this must consist in a continuous endeavour to call the *vis medicatrix nature* into operation. It is from within the mind must be helped. The rational system of psychological medicine is eminently "expectant." Anything, therefore, that tends to strengthen the sense of difficulty in getting well, or to weaken the effort, increases the obstacle to recovery; and I cannot imagine a more depressing sensation than that produced by being put into an asylum uniform. It looks so like providing for a lengthened residence. If it were possible to determine at what precise moment a patient becomes painfully sensitive to the impress of surrounding circumstances, there might be some force in the hackneyed argument that these matters are generally of no practical moment. In the absence of any such power of divination, I cannot help thinking it would be more discreet to act on the presumption that lunatics are nearly always susceptible—which I believe to be the fact—than to dare the risk of injuriously affecting them. I must again remind the economist that my whole argument is based on the conviction that the human organism is an apparatus which it is cheap to repair as quickly as possible, no reasonable expense being spared in the enterprise.

One of the chief requirements in regard to the attire of lunatics is variety. This is especially important in the case of females, and I am persuaded that if it were more commonly recognized and acted upon we should hear less, perhaps little or nothing, about the need of "strong" dresses. There is not only much method, but generally a motive, in madness. One-half the refractory lunatics who tear off their clothing do so because their skin is so sensitive that they cannot endure to wear it. I shall have something to say by-and-by about the manner in which this difficulty ought, in my judgment, to be met; for the present I am only

concerned with the fact. The other moiety of the class deemed "destructive" do not like their costume, and take a rough, animal way of getting rid of it. Now, I am very far from thinking it is wise to pander to the morbid whims of the insane, but I do believe some concession may with advantage be made, not to violence, but to a strongly indicated wish for better clothing. I have been much struck with the ingenuity displayed at the West Riding Asylum—one of the best-conducted institutions in the country—in this particular. By a little cheap trimming the dresses of the female patients are made so attractive that they come to be worn with pride, and I believe the recourse to strong dresses is by that means nearly obviated. It will be remembered I am not speaking of the violently acute stage of mania—though even in that phase of the malady moral influences are by no means to be despised—but of the more persistent and apparently wilful propensity to destroy clothing, which often proves exceedingly troublesome and is too seldom thus intelligently opposed. I should like to see greater diversity of dress, at least on the female side of an asylum, and the best attire allotted to patients as the reward of especially good conduct and the most intelligent self-control. Dress is woman's weakness, and in the treatment of lunacy it should be an instrument of control, and therefore of recovery. On the male side variety may not be equally important; but, even in dealing with minds supposed to be less readily affected by trifles, the avoidance of a dull uniformity, indicative of a permanent separation from society, is of essential importance in the interests of cure.

The first concern of a medical superintendent, after convincing himself that the person confided to his care is really insane—a process not always so easy of accomplishment as, looking to the authoritative character of most medical certificates, it might seem—must be to determine the precise form of disease under which the patient is labouring. I do not here refer to the terminology of any particular system of diagnosis. That is a matter of considerable scientific interest, and I shall in the proper place have something to say as to the manner in which it is too commonly neglected; but at this moment I have in view the more practical question of preliminary classification and treatment. Some attempt must in every instance be made to ascertain the nature of a malady before the method employed for its cure is selected. There are special reasons why this duty should be discharged with the greatest care and promptitude when the disease is mental. The same considerations which enforce the expediency of immediate removal to an asylum require that not an hour should be lost in placing the patient under active measures for his recovery. Insanity is a parasite that grows apace, and quickly strikes its roots deep in the organism on which it preys. It is by no means improbable that the structural disease found associated with mind symptoms is in many instances the consequence, rather than the cause, of the functional derangement. When a delicate instrument is roughly handled it is readily thrown out of order. Prolonged excitement will produce hyperæmia, inflammation, and, finally, disorganization of the nerve centres. Perhaps this order of morbid occurrences is nearly as common

as that in which organic disease is the cause and disordered action the effect.

It is the opinion of many sound and practical physicians that in every asylum there should be a "receiving ward," where patients might remain under close observation until a clear notion has been formed as to the nature of the case and its prognosis. Some medical superintendents use their infirmaries for this purpose. I confess it seems to me that the institution of a particular class of "undetermined" cases is an expedient not free from grave objections. I believe it would be exceedingly useful to have in connection with every county asylum a detached establishment in which *suspected* cases, not yet certified, might be received for the public convenience; but this raises a question wholly beside that we are discussing, and which will be noticed in its place. The preliminary disadvantages attending the system of receiving wards I conceive to be, first, the recognition of a pretext for delay in diagnosis, and consequent injury to the prospects of a patient; second, the serious evil of throwing together in the closest relation cases which perhaps ought to be kept apart, at a time when their mental condition is likely to be peculiarly susceptible to morbid influences. I think medical superintendents are fully competent, and should in every case be required, to form a practical judgment at the outset of a case of the general line of treatment to be employed for its relief. This is what the physician treating ordinary disease is expected and obliged to do under conditions far less favourable to accuracy and in circumstances which do not render the prompt correction of any mistake inadvertently made so facile as in the case of a patient under complete control and continuous observation. Probably it would be less difficult to classify cases of mental disease for the purposes of prompt treatment, if the science of what is called "psychological medicine" were either further advanced or less ambitious. It is at present in a transitional, and awkward, stage of development.

The science of pathology has outrun the art of therapeutics, and, while looking back with some contempt upon the old-fashioned custom of naming and treating maladies from their leading symptoms, advanced practitioners have not yet mastered the difficulty of classifying and prescribing for their patients on the highest scientific principles. If the matter were less grave it would be almost amusing to witness the stupendous efforts made by some really excellent physicians to practise scientifically, and the sorrows and discomfiture they experience in the attempt. My sympathies are entirely with these progressive specialists, but I must be pardoned for entertaining a stronger feeling of respect for the less ambitious and more practical policy of those who, without being able to give every case of insanity its proper name, exhibit no hesitation in setting about the task of curing it. A scientific system of diagnosis in mental disease is the great need of the moment; but the means at our disposal are not yet sufficient to satisfy this need, and until something better than mere guesswork as to causes can be substituted for the practice of treating symptoms and phenomenal indications, I am obstructive enough to say: Let science stand on one side and the practice of lunacy remain for a few

years longer what it has been during the last twenty or thirty years—in fact, since it had any claim to be recognized as “treatment”—an *art*. By-and-by it will be a science, but before that culminating dignity is reached I fancy the pioneers of discovery will have to “try back.” They have been labouring with great enthusiasm, and accomplished a vast deal of work, gaining much valuable information and showing some dexterity in the use of their tools ; but the advance has been headed in a wrong direction.

Mental disease, specially so designated, has no independent existence. The phenomena of mind disorder are the symptoms of functional or organic disease of the body. Instead of pursuing a phantom, which is, after all, nothing more than the reflex of something happening within the sphere of physical pathology, it will be better to commence the search for causes and the correlation of mental phenomena in the occupied, but scarcely explored, field of physiological research. It is in this way the union of psychology and physiology must be effected. It is a reunion science may be expected to accomplish. The policy pursued with more zeal than knowledge by the enthusiastic believers in a specialty of “psychological medicine” has been tending towards a separation of the allied provinces of inquiry, if not a final divorce. For the present, I have said, it will be better to fall back on what has been learnt by practical observation. The knowledge so acquired expertly applied will suffice for the prompt selection of methods of cure, and medical superintendents will not be embarrassed in the discharge of this preliminary duty by the want of “receiving wards.” They might be more seriously inconvenienced, and even bewildered, if such excuses for delay and apparatus for the multiplication of phenomenal difficulties were created, as recommended, in every institution for the cure of the insane.

What precisely should guide a medical superintendent in determining whether a new patient ought to be classed as “dangerous” or “harmless,” I will not presume to say. At the risk of paradox, I am inclined to insist that no person of unsound mind should either be deemed safe or treated as “suicidal.” The only excuse for so classing some of the inmates of an asylum and placing them under special surveillance is found in the supposed need of neglecting such precautions in the care of lunatics generally, on the score of economy, “to save expense.” The circumstance that such neglect is not more frequently followed by unpleasant consequences is a boon for which the managers of asylums ought to feel grateful ; but upon a continuance of this immunity from “accident” they have clearly no right to count. The statements of friends, relieving officers, and even asylum officials in the case of transfers, as to the propensities of a patient are wholly untrustworthy, and the superintendent who relies upon these sources of information will sooner or later find occasion to regret his credulity. It would be better, and cheaper in the long run, to organize the asylum instead of the patients, and to pass cases through a sort of filter in the several stages of which their peculiarities would be detected, and perhaps by the same process remedied. The most expert administrators, who are generally also the most successful physicians for the insane, practically adopt this system, although they do not always acknowledge it. No

patient is trusted until known to be trustworthy. When this method is pursued without offensive precautions the best results are obtained with the least irritation. This leads me to the point of possibly highest practical importance in the clinical treatment of insanity, namely, the mode of dealing personally and directly with the refractory, either at the outset of an acute attack or in one of those periods of excitement characteristic of recurrent, or the several forms of impulsive, mania, either idiopathic, epileptic, paralytic, or hysterical. What I have to say on this subject comprehends the topics of restraint and seclusion, personal control by physical and moral influences, the use of drugs to produce quiet, and, collaterally, the practical question of single rooms, the proportional number of attendants necessary for the management of an asylum population, together with other matters more or less directly connected with the safe custody and treatment of the insane. The formal discussion of these subjects will be deferred until the close ; but such notice of them as may be incidental to the consideration of treatment at Brookwood shall be taken now.

Restraint by mechanical appliances has never been practised in this asylum. Dr. Brushfield, in common with the great majority of medical superintendents in the country, has long been of opinion that such methods of coercing lunatics into quietness or good conduct are neither necessary nor expedient. Like most enlightened physicians practising among the insane, he has arrived at this conclusion by experimental processes rather than *à priori* reasoning. He would admit that the arguments by which the recourse to mechanical restraint is excused and defended have a certain show of reason. If a patient is likely to injure himself or those around him, it may not only appear politic, but humane, to put it out of his power to do mischief ; and the simplest, the most direct, as well as the least troublesome mode of effecting that object would seem to be the use of such carefully applied straps, bandages, a strait-waistcoat, or mufflers, as the circumstances may seem to require. Everybody has seen patients raving in delirium induced by drink—or, more accurately, the deprivation of an accustomed stimulant used in excess—*restrained*, and neither experienced any sense of indignation nor felt astonished at the treatment. When, therefore, we are speaking of such use of mechanical appliances to restrain mad patients as may have been the custom in English asylums during the last fifteen or twenty years, it is needless to adopt a tone of “high-falutin” or preach as though engaged in some crusade against tyranny. It is a plain question of expediency, and so discussed the force of calm reasoning is amply sufficient to conduct any unprejudiced mind to the conclusion that the recourse to mechanical apparatus is neither necessary nor wise. There will always be instances in which restraint by bandages must be adopted, but these are surgical cases in which the same means would be employed in aid of sane patients. As a matter of fact, lunatics are often perfectly conscious of their inability to preserve the quiet requisite for the cure of surgical maladies, and themselves desire the aid of these apparatus. There is no room for any difference of opinion in respect to this class of cases,

and I am not aware that any exists. The use of force to oppose force is, however, a matter which stands on a totally dissimilar footing. I purposely speak of using force, because that phrase is broad enough to take in two views of the question which cannot be discussed apart.

Whether restraint be imposed by fixed bonds or manual control, there is an employment of force, and I may at once say frankly that I do not think the grip of a passionate attendant is likely to be less cruel than the resistance to movement offered by a well-padded and carefully applied strap. If the choice lay between the knee of a powerful man planted heavily on the chest of a refractory maniac, or a broad strap cushioned, and simply unyielding, across the thorax, I should greatly prefer the use of the mechanical apparatus. It is a strong point in favour of bonds that they have no tempers to lose and it is a mathematical certainty that any resistance offered by them will be the simple reflex of force put forth by the patient. I am anxious to make this clear at the outset, because, although I believe in plain, straightforward arguments, and hitting as hard as a man likes straight from the shoulder, I do not think truth can be advanced by contention on false premises; and when it is not distinctly understood that what we mean by "restraint" is physical force, however applied, whether by bond or muscle, there must be a flaw in the argument somewhere, and the question at issue is begged instead of being answered. The question in this instance is between moral and physical force, however applied.

Moral force may be as mischievous as physical. The bath-of-surprise was in great part a moral engine of torture; the imitation of a bottomless pit, with its paraphernalia of mock demons, sham serpents, and stage thunder, was a moral, or perhaps I ought to say an immoral, agency for the cure of madness. Without supposing it probable any "mad doctor" could seriously propose to reproduce these horrors of the dark days, it is as well to say that, in my judgment, a tyranny of threats is not to be preferred to one of force. The mind is quite as likely to be injured by the one kind of violence as the body by the other. I have nothing to say in praise of torture by thought, or agony in idea. They are just as objectionable as the pains of body produced by straps, strait-waistcoats, or the kicks and cuffs of kind manual coercion. Now, the field is free for the tournament. Let who will enter the lists, and I am prepared to break a lance with him on the plain issue—calm and kind moral influence, or physical restraint, however judiciously and temperately applied. The chief point of my argument may be stated as follows:—In striving to overcome force with force you are exhausting, or, if any one prefers it, let us say doing nothing to conserve, the energy of your patient. He struggles. You, or your apparatus, oppose him. There is a fight for the mastery; mad muscle against sane muscle or leather, as the case may be. When the mad brain behind the mad muscle is wearied out, or the latter itself exhausted, there may be rest, not before. If quiet occurs anterior to that critical conjuncture, it will be either because the mind of the lunatic has become convinced that the struggle is hopeless, the paroxysm of violence has passed away, or the attention been diverted. The first and last of these events will have been brought

about by a moral process which might have been worked out without recourse to physical force or mechanical coercion; at least, such is my contention. The physical strength or the moral persistence of the patient is the measure of the conflict. I repeat you do nothing to shorten the period of commotion and danger, except by exhausting the vital energy of the organism more rapidly. It is homœopathic treatment. You intensify the excitement to get it over quickly; you heighten the fever in the hope of hastening the crisis. The principle is unscientific, the practice empirical and unsafe. The second of my conjectures, namely, that the paroxysm may have passed off, will be accepted by the advocates of "seclusion." Their theory is that a patient should be placed in a condition as nearly as possible quiescent, deprived of external excitants, such as noise, light, the sight of moving objects around, and then left to work off the fury of his malady, which "will take its course." I shall have said all that need be observed in this place on that subject when I express the strongest possible conviction, based on some experiments of my own and observation of the treatment adopted by others, that this notion of leaving a lunatic a prey to his own morbid impulses is a serious mistake, both in hypothesis and practice. The mind of a man or woman passing through a paroxysm of excitement is playing wild mischief with its own mental organism. It needs help to subdue the real turbulent forces within and the imaginary powers engaged in strife around. If a lunatic is fighting the devil, his sane friend and protector should either fight by his side or devise some mode of putting an end to the conflict.

Physicians fond of the phrase "psychological medicine" should understand that this obligation is forced upon them by the position they take. Nor do I think it is an untenable position. No one who has sat by the bed of a man raving in a world of delirious fancy, and tested the effect of a direct effort to help him, can doubt the value of such assistance, given with a view to capture and subdue the mind. Let any one try the method even in a match for time against the exhaustive process. I am confident which will score the victory. While if the trial be made for temperature, or the subsequent condition of a patient, the immeasurable superiority such help as moral influence, pure and simple, can give will be beyond question. These principles of treatment, so far as I have succeeded in expounding them, appear to be employed at Brookwood, and the disapproval of restraint and almost complete disuse of seclusion noticed in the report are the results reached by this intelligent practice. Dr. Brushfield does not dogmatize, and I have elicited the facts from his practice, rather than heard them from his lips. He does not condemn those who differ from him and discredit his system of treatment. No wise man would do that; but when something which looks like progress is offered to observation some one must step in and chronicle the circumstance. This is why I venture to place what I believe to be the prominent, perhaps the chief, feature of excellence in the treatment at Brookwood on record. At other asylums I have noted points of skill and success not less important, which will be discussed in their place. The leading idea at Brookwood is the high development of

calm moral influences, and it is one which calls for especial consideration, both on account of its humanity and the large measure of success it has achieved in the management of cases exhibiting a marked degree of excitement and violence. The economy of strength, the shortening of periods of turbulence and gradual interruption of habitual periodicity in recurrent, and the rapid subsidence of irritability in acute, mania, have been especially noteworthy. If, as I believe is the fact, solid advantages of this nature have been gained by something special in the manner of carrying out a perfectly familiar and recognized system of treatment, the secret of success is worth searching for, and, in whatever it consists, it should be tested elsewhere.

Dr. Brushfield does not either employ, or approve the employment of, drugs "to produce quiet." In expressing warm sympathy with this discontinuance of a practice which I hold to be injurious, it should be expressly noted that the system condemned has nothing in common with the use of medicines for remedial or even palliative purposes personally prescribed for particular cases. Medical theories and methods of practice will always differ widely; and within the limits marked out by science it is well they should vary, or there could be no progress. It is not against individual views of disease and treatment I presume to enter a protest, but the custom of using, or sanctioning the use of, drugs that narcotize or weaken as common means of subduing excitement. Such a system is the worst and most mischievous form of restraint, more to be deprecated than the recourse to mechanical apparatus or force applied by the personal interference of attendants. It is especially liable to abuse because the reasons advanced in its defence are plausible and specious. We are told with great earnestness that the object is to conserve strength; that a patient carried through a period of excitement under the quieting influence of chloral, opium, hyoscyamus, digitalis, or any one or more of the drugs employed for the purpose, is spared the fatigue and escapes the exhaustion which must occur when the drug is not exhibited. There is only one way of dealing with this argument. It should be stripped of its pretensions and exposed in the light of severe truth. The use of narcotics in the fashion I am condemning is only a modification of the old practice of giving patients antimony under pretence of reducing the fever heat and fury of mania, or of employing a strong shower-bath, the douche, or cold-pack with the same ostensible purpose. The pretence of curative treatment was a sophistry. The real object was to secure quiet wards, and the modern version of the same policy is a free use of sedatives. The change of method concedes something to the force of professional and public opinion, while it gains by the artifice. It was difficult to defend the indiscriminate use of antimony and cold affusions; it is comparatively easy to place the extensive use of narcotics in a light at once humane and scientific. At the risk of offence, it is necessary to expose the fallacy of these pretensions and affirm that the wholesale employment of drugs simply to reduce excitement, describe it how we may, is nothing else than *restraint by medical appliances*, and not the less reprehensible because it is a system in disguise. When the narcotic or

the sedative is exhibited in the shape of a house-mixture at the discretion of an attendant, the practice becomes an abuse, and calls for resolute remonstrance. The medical use of drugs for distinctly medical purposes may call for criticism; but any difference of opinion which exists between members of the profession on that topic should be stated with moderation and the respect always due to a divergence of view wherein nothing of principle or truth is compromised. The practice with which I am dealing has, however, no claim to be so treated. It is not an honest method of cure, or even of relief. The pretence of conserving strength is wide of the mark, and evidently known and felt to be so by those who make it. There are reasons of great moment for speaking out pointedly on this subject. Not only are bad cases made worse by the recourse to stupefying medicines, but patients suffering from maladies from which they may naturally be expected to recover have their chances of cure diminished by the course pursued with them. Sleep or tranquillity cannot be obtained in a case of lunacy by drugs without inducing a degree of hyperæmia, passive or active, in the cerebro-spinal centres that can scarcely fail to prove injurious. A condition analogous to alcoholism is produced by the habitual use of narcotics, and this super-added to the disease is sufficient to complicate the morbid condition and lessen the hope of recovery. It is to be feared that not a few acute cases have become chronic under a system of drugging.

Again I must say I am not questioning the right or duty of medical practitioners treating the insane to search the armoury of physic for weapons with which to fight their monster foe, and in the process of search it is inevitable that brains must be ruined and lives blighted. The war against disease cannot be carried on without a long list of casualties, but humanity and science combine to enforce the urgent desire to minimize the sacrifice, the more so as the victims of this progress are not willing participators in the struggle. No one can have seen cases of puerperal mania treated with huge doses of opium, impulsive maniacs drugged with digitalis, epileptics poisoned with bromide of potassium, or victims of overwork or premature exhaustion dazed and debilitated in mind and body with chloral, without feeling strongly on this point, and longing to urge medical superintendents to rely less on the use of drugs and more on moral influences for quiet wards and immunity from "accidents." I have broached these opinions strongly in conversation with medical officers and been told that I am wrong. The controversy has generally been raised on a false issue. I have the greatest possible hope in the researches of clinical experiment. It is not only justifiable but expedient to try conclusions at all points, and with every engine, against the enemy. What I seek to expose, and ask physicians practising in asylums everywhere to abandon, is the practice of physicking their patients to "spare strength" or "subdue excitement." It is in this spurious form of treatment the peril lies against which, as an outsider, I ask them to guard the patients intrusted to them. There is reason to hope the practice which flourished with sad luxuriance a few years ago—particularly in those feebly managed institutions where mechanical

coercion being discontinued merely in deference to public and professional opinion, and there being nothing to replace it, restraint was revived in a new and more mischievous form—is dying out. The discipline of drugs cannot be too strongly condemned, and should be finally abandoned.

The chief practical difficulty in the way of substituting a perfect system of moral influences for straps and strait-waistcoats, the grip of a muscular keeper, or a discipline of drugs, is one of expense. A corps of attendants in considerably greater force than 1 to 10 or 1 to 12, the proportion at Brookwood, is felt to be necessary if continuous personal influences are to be substituted for other measures of control and management. It is not desirable to underrate this objection. Nothing will be gained by affecting to think the care and cure of the insane can be carried out effectively except with an expenditure apparently costly. The wise course of reasoning will be directed to show that a liberal outlay in curative establishments is indispensable to the best and most economical results. Let it once be proved that a spirited, as opposed to a miserly, policy is likely to produce the largest proportion of “recoveries” after a brief period of residence, with the smallest percentage of “re-admissions,” and the commercial instinct of asylum administrators all over the country will not be slow in responding to the argument. A glance at the tables annexed to this report will convince the reader that Brookwood does not compare unfavourably with the great bulk of asylums in these particulars. I am not disposed to attach any great value to lunacy statistics as a whole, but more may be learnt from them than appears on the surface, and at the risk of being corrected by more astute statisticians I have ventured to institute some new analyses which will be treated at length presently. For the moment, I only wish to urge that in dealing with a practical question of expense like that which arises, the need of a large staff of attendants should be recognized; it is useless to qualify the demand, and better at once to face the difficulty.

I doubt whether an asylum in which acute cases preponderate can be worked efficiently with less than one official to every four, or perhaps six, cases; but I will add that if an institution were so provided, and at the same time well managed, it would contribute largely to the relief of the district. If treatment is to be direct and personal, it is evident the number of agents exerting this influence must be proportionally considerable, and it is necessary that they should be individually capable of discharging the difficult duty entrusted to them. The qualifications of mind, temper, and physical strength indispensable to a thoroughly efficient attendant are hard to find, and the person possessing them is entitled to expect fair remuneration for his services. All this adds to the difficulty of establishing the non-restraint system in its entirety, and hence in part, possibly, the recourse to half measures, which may appease the public demand for reform but are not satisfactory. I have already expressed a strong persuasion that attendants must be trusted and cannot be efficiently “checked.” It follows that they must be trustworthy. The rules set out for personal dealing with lunatics at Brookwood are clear,

and fairly cover the range of probabilities ; but it is easier to devise a code than to enforce it. Nothing except personal superintendence will inspire attendants with a due sense of their personal responsibility. If they are expected to look well after the patients confided to them, they must themselves be kept under perpetual observation by the medical officers of the asylum. Gentlemen need not shrink from this task. It is a duty to the patients under their control ; it is at this point that asylum management often breaks down. Much—in some cases, perhaps, everything—depends on the way a patient is treated from the moment he opens his eyes in the morning until he retires to sleep, and on the diligence with which his rest is guarded at night.

Matters of detail demanding special notice will engage attention when the facts gleaned at the several asylums visited are before us. In speaking of Brookwood, I do not wish to imply that everything is as it should be there, but the system adopted appears complete, and, if well worked out, it should constitute an effective moral *régime*. The element of weakness is the increasing number of the asylum population. I am at variance with many justly respected authorities on this point, but I cannot see how a medical superintendent can personally treat more than from three to five hundred patients. If he is assisted by a large staff of medical officers, it is not he who treats them, but others under his nominal direction. The chief physician becomes, in fact, a consultant. If this system of asylum management is the best, let it be placed on a fair footing, and the old division of labour between consulting physicians and resident medical officers revived. I confess the prospect of such a change does not strike me as reassuring, but it would be better than the creation of a system of government by a ministry of medical officers under a limited constitutional monarchy. I think the system of rule best suited to the requirements of an insane population is autocratic. In this, as in other matters, I am open to correction, but let us agree to have no shams ; and if personal superintendence is desired, it must be admitted asylums should be small in order that such a system may be fully carried into effect.

There will be a better opportunity by-and-by for insisting that the whole discipline, order, and government of an asylum should be *medical* ; meanwhile, I must qualify the use of that term in the sense in which I am about to employ it, namely, as applying to the treatment of physical maladies and the maintenance of bodily health. There must needs be a sick list and an infirmary in every asylum, although all insane people are sick and the whole institution is an infirmary for body and mind. It would place mental medicine in a fairer light if the infirmary of an asylum could be considered its chief feature and the parts occupied by patients in comparative bodily health regarded as convalescent wards. When the fact that mental derangement is generally a symptom of physical disease, either latent, incipient, or pronounced, receives practical recognition, this salutary recasting of the idea will perhaps be accomplished. As matters now stand, criticism can scarcely go further than to test the institution by the apparent condition of its inmates. Thus tried, the wants of the

population at Brookwood seem to be supplied. I scarcely think the superintendent of Brookwood would himself claim for that establishment the status of an hospital properly so called. The moral management of the insane there is especially good; the general arrangements leave little or nothing to be desired. The medical treatment—using that phrase under protest in its popular signification—is supplementary. It may be described as domestic. The principal means employed for the cure of insanity are judicious dieting and a wise and gentle *régime*. Medicine, commonly so called, plays the part of a family doctor, and, so to say, looks in occasionally to see that all is going on pleasantly. I am not condemning this system; it is better than a reckless play with drugs, incomparably more safe, and—successful. Moreover, it has this advantage, that the system of treatment by moral influences receives full illustration and a fair trial. If any one desires to see what the world calls “discipline” doing perhaps its highest work among the insane, I would say go to Brookwood. If the object be to study advanced clinical medicine applied to the treatment of mental disease or of physical maladies with mind symptoms, it may be desirable to look elsewhere.

RESULTS.

The subjoined tables will serve to place the medical statistics of Brookwood Asylum, from the date of its opening to the end of 1874, conveniently before the reader. It may be premised that with the additional accommodation afforded by the new buildings just completed,* the institution will be able to receive 1060 patients, instead of 645—the largest “average number resident” any year during the period to which this inquiry relates.

The first point that calls for comment is the very small proportion—26·49 per cent.—which the “curable” cases bear to the total number of admissions. As far back as 1871 Dr. Brushfield called attention to the disadvantage of allowing an “hospital for the proper medical treatment of recoverable cases” to “assume more the character of an hospital for incurables.” The appropriation of special establishments for chronic patients,† under the control of

* Opened after this report appeared in *The Lancet*.

† The provision of chronic houses was enjoined by Statute, 8th and 9th Vict. c. 126, s. 27: “And be it further enacted, That in the erecting and providing of every asylum hereafter to be erected or provided for the reception of pauper lunatics, and also in enlarging the same or any asylum already erected, regard shall be had to the number of lunatics to be provided for therein who shall be or be deemed curable or dangerous; and in order to prevent such lunatics being excluded from admission into such asylum by reason of the admission or accumu-
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the Commissioners in Lunacy—not, as is the case with some of the asylums professedly set apart for that purpose, under the Local Government Board, and classed as “workhouses”—is an expedient which cannot long be delayed. The very extraordinary course pursued with regard to ex-criminals, who are now discharged from the criminal asylums into the county houses, to the serious detriment of the latter, increases the urgent need of reform in this direction. What we have to say on this point will, however, come better at the close of our remarks, when the facts are all before the public.

The small proportion of curable cases is due to the large number of general paralytics and epileptics at Brookwood, a circumstance especially to be regretted when the efficiency of the institution as an hospital is considered. The proportion of cures to curable cases—62·97 per cent.—which constitutes the best measure of success, is satisfactory. The percentage of deaths on the average number resident is by no means

lation therein of chronic or incurable lunatics, some separate or additional building shall be provided for chronic or incurable lunatics whenever by reason of the increase in numbers of lunatics, the asylum shall be insufficient for the accommodation of all lunatics entitled to be received therein; and in order to secure the immediate admission into every such asylum of all lunatics deemed curable or dangerous a sufficient number of such chronic or incurable lunatics shall from time to time be transferred from such asylum to such separate or additional building to be provided as aforesaid.” Sec. 56 gave power to the Commissioners to remove pauper lunatics to chronic houses, and to take them back again, without fresh certificates.

Unfortunately this Act, passed in 1845, was repealed by 16th and 17th Vict. c. 97 (1853), and the obligation imposed upon justices in regard to a special provision for chronic cases has not been revived. In his evidence before the Select Committee of 1858-9, Lord Shaftesbury described the purpose of the above-cited enactments as being “that the principal asylum might be emptied of its chronic cases, and be kept open for the reception of the recent and curable cases; and,” the noble lord went on to say, “wherever this has happened, the greatest benefit has arisen.” . . . Elsewhere, “the asylums were filled with chronic cases, and the recent cases not having been taken in time, they have become inveterate and incurable.”

There is undoubtedly power, under the Acts at present in force, to make the provision needed, but there is nothing to compel action in the matter. It is to be regretted that the Select Committee had more faith in the wisdom and enterprise of county authorities than the event has yet justified. The question “whether it might not be advisable to erect, *in connection with* ‘asylums,’ detached buildings, of a simple and inexpensive character, for the reception of imbecile and chronic patients,” was recognized, but unfortunately the Committee concluded “these and the like matters require no alteration in the law, and may well be left to the visiting justices to regulate and determine, acting in communication with the Commissioners in Lunacy and the Secretary of State.”—*Report of Select Committee*, page iv.

high, but must be further qualified by the number of deaths whose immediate cause was general paralysis. This incurable malady accounts for 30·82 of the total mortality, or 139 out of 451 deaths in all, from the opening of the asylum on June 17th, 1867, to December 31st, 1874; which gives a mean proportion of deaths of 29·95 on the admissions for the same period.

The percentage of "recoveries" on admissions is 28·09. But this computation, it will be apparent, can afford no useful indication as to the results of treatment. Obviously the outcome must depend upon the nature of the cases admitted, and mere numbers show nothing to the point. Calculating the percentage of cures upon cases "deemed curable" supplies a better inference.* Although medical superintendents differ widely as to the cases they deem hopeful, each asylum may be fairly tested upon the basis of its own prognosis. A comparison of the columns showing, respectively, the number of "recoveries" and "deaths" within six months of admission will enforce the expediency of dealing with recent cases apart and promptly, for these only are "hopeful." It will be seen that the return of cases at Brookwood for the close of the year 1874 classed only 31 as curable.

We reserve general remarks until the state of our inquiry renders it possible to compare the results obtained at other asylums.

STATISTICAL TABLES.

Appended to each report in *The Lancet* was a table of results, to which reference was made as above. I now publish the more complete statements and analyses it was impossible to print with the report of the commission.

The figures are adopted from statistical tables embodied in the asylum reports; computed from data furnished for the use of the Commissioners in Lunacy, and reproduced in the appendices accompanying their returns to the Lord Chancellor; or taken from official sources, the most authentic and trustworthy that could be found.

* See note on cols. VII. and VIII., pages 71-2.

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, BROOKWOOD.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femls.	Total.		Deemed curable on admission.	Transferred from other asylums.				Re-lapsed cases re-admitted.	Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.
I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.		
1865	(a)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1867	160	168	328	31	245	1	328	173	167	2	8	10	10	—	—		
1868	146	196	342	75	112	9	649	442	320	24	38	62	50	8	4		
1869	125	101	226	53	59	7	744	546	348	18	38	56	28	13	15		
1870	98	88	186	57	15	11	806	640	415	24	39	63	32	17	9		
1871	86	94	180	48	41	11	817	633	421	19	22	41	24	11	3		
1872	78	57	135	49	5	14	763	631	432	28	37	65	32	11	14		
1873	120	46	166	65	10	9	800	643	419	28	16	44	28	5	4		
1874	126	51	177	83	12	11	812	645	433	58	26	84	61	10	8		
Gross number or proportion.	939	801	1740	461	499	73	1740	...	...	201	224	425	265	75	57
Average number or proportion.	117'4	100'1	217'5	57'6	62'38	9'1	714'9	544'1	369'4	25'1	28'0	53'1	33'1	10'7	8'1		
Abstract of the above particulars for the																	
Gross number or proportion.	431	465	896	159	416	17	896	...	...	44	84	128	88	21	19
Average number or proportion.	143'7	155'0	298'7	53'0	138'7	5'7	573'7	387'0	278'3	14'7	28'0	42'7	29'3	10'5	9'5		
Abstract of the above particulars for the																	
Gross number or proportion.	508	336	844	302	83	56	1464	...	...	157	140	297	177	54	38
Average number or proportion.	101'6	67'2	168'8	60'4	16'6	11'2	799'6	638'4	424'0	31'4	28'0	59'4	35'4	10'8	7'6		

(a) This asylum was opened June 17th, 1867.

STATISTICS OF ASYLUM POPULATION, BROOKWOOD.

DISCHARGED.													CASES REMAINING ON DECEMBER 31ST.				Year.
Dis- charged or Not improved.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total num- ber.	Deemed curable.	Proportion per cent. of cases Deemed curable on Total number remain- ing.	Proportion per cent. of cases Deemed curable in C. & B. asylums generally.		
	Males.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Para- lysis.	Epi- lepsy.	Pul- monary Phthi- sis.	Suicide or Acci- dent.						
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1865
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1866
2	5	4	9	8	—	—	—	2	—	—	—	307	21	6'84	8'66	1867	
18	28	23	51	33	17	1	—	9	2	7	1	518	40	7'72	9'23	1868	
12	32	24	56	25	5	22	4	15	7	2	1	620	37	5'97	7'68	1869	
23	49	34	83	30	7	17	24	24	10	8	—	637	27	4'24	8'30	1870	
71	43	34	77	21	9	13	11	23	5	10	1	628	23	3'66	8'89	1871	
14	32	18	50	17	9	5	9	14	3	5	1	634	19	3'00	8'13	1872	
64	43	14	57	19	10	10	2	26	3	8	2	635	19	2'99	7'31	1873	
15	47	21	68	26	11	8	5	26	5	7	—	645	31	4'81	7'47	1874	
219	279	172	451	179	68	76	55	139	35	47	6	...	...	...	...	Gross number or pro- portion.
27'4	34'9	21'5	56'4	22'4	9'7	10'9	9'2	17'4	5'0	6'7	7'5	578'0	27'1	4'90	8'28	Average number or pro- portion.	
three years 1867 to 1869 inclusive.																	
32	65	51	116	66	22	23	...	26	9	9	2	...	...	...	...	Gross number or pro- portion.
10'7	21'7	17'0	38'7	22'0	11'0	11'5	...	8'7	4'5	4'5	6'7	481'7	32'7	6'84	8'52	Average number or pro- portion.	
five years 1870 to 1874 inclusive.																	
187	214	121	335	113	46	53	51	113	26	38	4	...	...	...	...	Gross number or pro- portion.
37'4	42'8	24'2	67'0	22'6	9'2	10'6	10'2	22'6	5'2	7'6	8'0	635'8	23'8	3'74	8'14	Average number or pro- portion.	

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, BROOKWOOD.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
	Males.	Femls.	Males.	Femls.		Males.	Femls.	Males.	Femls.		Males.	Femls.	Males.	Femls.		
1865	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1866	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1867	48'78	51'22	49'50	50'50	43'4	20'00	80'00	41'83	58'17	...	55'56	44'44	55'52	44'48	...	32'26
1868	42'69	57'31	48'60	51'40	40'2	38'71	61'29	43'75	56'25	34'8	54'90	45'10	53'97	46'03	49'7	64'58
1869	55'31	44'69	50'20	49'80	40'9	32'14	67'86	43'81	56'19	36'5	57'14	42'86	54'91	45'09	49'0	60'22
1870	52'69	47'31	48'85	51'15	40'3	38'10	61'90	44'51	55'49	37'9	59'04	40'96	55'27	44'73	49'8	67'02
1871	47'78	52'22	50'12	49'88	40'6	46'34	53'66	44'20	55'80	34'4	55'84	44'16	56'13	43'87	53'5	54'67
1872	57'78	42'22	48'20	51'80	41'7	43'08	56'92	43'85	56'15	37'3	64'00	36'00	56'95	43'05	48'6	90'28
1873	72'29	27'71	49'42	50'58	42'0	63'64	36'36	43'49	56'51	38'2	75'44	24'56	56'86	43'14	45'5	52'38
1874	71'19	28'81	50'26	49'74	41'8	69'05	30'95	44'12	55'88	38'2	69'12	30'88	56'31	43'69	51'4	82'35
Gross number or proportion.	53'97	46'03	49'42	50'58	...	47'29	52'71	43'74	56'26	...	61'86	38'14	55'78	44'22	...	...
Average number or proportion.	56'06	43'94	49'39	50'61	41'4	43'88	56'12	43'70	56'30	36'8	61'38	38'62	55'74	44'26	49'6	62'97
Abstract of the above particulars for the three years 1867 to 1869 inclusive.																
Gross number or proportion.	48'10	51'90	49'44	50'56	...	34'38	65'62	43'16	56'84	...	56'03	43'97	54'80	45'20	...	...
Average number or proportion.	48'93	51'07	49'43	50'57	41'5	30'28	69'72	43'13	56'87	35'7	55'87	44'13	54'80	45'20	49'4	52'35
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	60'19	39'81	49'41	50'59	...	52'86	47'14	44'03	55'97	...	63'88	36'12	56'30	43'70	...	...
Average number or proportion.	60'35	39'66	49'37	50'63	41'3	52'04	47'96	44'03	55'97	37'2	64'69	35'31	56'30	43'70	49'8	69'34

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, BROOKWOOD.

Year.	RECOVERIES.								RELAPSES.		DEATHS.						
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	
1865	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1867	3'05	36'20	3'05	8'38	5'78	10'65	...	...	10'00	...	2'74	36'22	2'74	8'38	5'20	10'66	...
1868	18'10	36'10	9'55	8'47	14'03	10'76	25'62	...	14'52	...	14'91	34'07	7'86	7'99	11'54	10'15	...
1869	24'78	35'72	7'53	8'29	10'26	10'56	28'00	32'14	12'50	38'25	24'78	37'79	7'53	8'77	10'26	11'17	...
1870	33'87	36'37	7'82	8'54	9'84	10'89	31'98	35'63	17'46	35'19	44'62	36'11	10'30	8'48	12'97	10'82	...
1871	22'78	33'78	5'02	8'53	6'48	11'29	26'45	34'49	26'83	37'73	42'78	32'06	9'42	8'10	12'16	10'71	...
1872	48'15	38'35	8'52	8'81	10'30	11'18	46'76	36'59	21'54	33'05	37'04	32'83	6'55	7'54	7'92	9'57	...
1873	26'51	33'96	5'50	8'02	6'84	10'33	26'51	33'39	20'45	38'68	34'34	35'19	7'13	8'31	8'86	10'70	...
1874	47'46	37'90	10'34	8'95	13'02	11'46	48'55	37'31	13'10	33'67	38'42	35'32	8'37	8'34	10'54	10'68	...
Gross number or proportion.	24'43	36'02	24'43	26'63	...	...	...	...	17'18	...	25'92	34'87	25'92	25'78	...	...	...
Average number or proportion.	28'09	36'05	7'18	8'50	9'57	10'89	33'41	34'93	17'05	36'10	29'95	34'95	7'49	8'24	9'93	10'56	...
Abstract of the above particulars for the three years 1867 to 1869 inclusive.																	
Gross number or proportion.	14'29	36'00	14'29	17'55	...	...	...	...	13'28	...	12'95	36'04	12'95	17'57	...	...	...
Average number or proportion.	15'31	36'01	6'71	8'38	10'02	10'66	26'81	...	12'34	...	14'14	36'03	6'04	8'38	9'00	10'66	...
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																	
Gross number or proportion.	35'19	36'03	20'29	22'47	...	...	...	...	18'86	...	39'69	34'28	22'88	21'37	...	...	...
Average number or proportion.	35'75	36'07	7'44	8'57	9'30	11'03	36'05	35'48	19'88	35'66	39'44	34'30	8'35	8'15	10'49	10'50	...

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases readmitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

I propose to devote special consideration hereafter to the subject of statistics, and we may then conveniently discuss their value or worthlessness as tests designed to gauge the results of treatment. Dr. Thurnam, in his work on the "Statistics of Insanity," published in 1845, observes, "The results of treatment which it is the principal object of statistical reports of hospitals for the insane to enable us to compare, are two in number—the *proportion of recoveries per cent. of the admissions*, and the *mean annual mortality per cent. resident*. With the important proviso, indeed, of *circumstances being otherwise similar*, the efficiency and success of these institutions may be regarded as in direct ratio with the proportion of recoveries, and in an inverse one with rate of mortality." The proviso is so large, and the modes of collating data with a view to adjust the difference between asylums—for no two asylums, even in the same county, can be conditioned alike—are so various and complicated, that I doubt whether any common measure can be applied. The purpose I have endeavoured to carry out in the tables annexed to these reports is to place before those interested in lunacy such computations as will supply statisticians of all schools with the materials for working out their own conclusions. I shall reserve any remarks of my own until the entire series of data is before us. Meanwhile the nature and source of the figures ranged under the several heads may be briefly explained.

"STATISTICS OF ASYLUM POPULATION," pages 66 and 67.—This table comprises the returns relating to facts lying on the surface. It deals with "Cases admitted," "Cases resident," "Cases discharged"—including those discharged by recovery, relieved or not improved, and by deaths—and "Cases remaining" at the close of each year. The headings are sufficiently explicit. Only a few columns call for notice.

IX. exhibits the average number of patients employed—a most important piece of information, throwing much light on the class of cases and the efficiency of the domestic management.

XVII. I have resumed the old method of massing cases "Relieved" and "Not improved." For analytical purposes it is impossible to make any use of the distinction.

XIII., XIV., XV., XVI., XXI., XXII., XXIII., and XXIV. illustrate points of considerable interest and importance; namely, the length of residence of patients recovering or dying under treatment, and the numbers who are cured or die at the several periods particularly noticeable.

XXV., XXVI., XXVII., and XXVIII. give the numbers of cases in which some of the more common causes of death are assigned.

XXXI. shows the percentage of cases returned to the Commissioners as "Deemed curable" at the close of each year, on the "Total number remaining;" and XXXII. gives the like percentage for asylums of the same class; that is, pauper establishments for the cure of lunacy generally.

The "Abstracts" show gross numbers and proportions upon the totals, and mean or average numbers and proportions, for periods of five years; in this asylum for three and five respectively. The object is to present at a glance the progressive tendency of such changes as take place, in convenient series of years.

The "COMPARATIVE TABLE OF FACTS" (page 68) shows the proportion of the sexes and the average ages, in "Admissions," "Recoveries," and "Deaths" respectively, for this asylum and County and Borough asylums generally.

III. and IV. show the "Proportion per cent. of the sexes in County and Borough asylums generally" upon the total of cases admitted. I have placed these next the columns exhibiting the "Proportion per cent. of the sexes" admitted in the particular asylums, to give a standard of comparison. The relative liability to insanity of the two sexes is a subject of great practical interest, but it will be understood that the proportions given do not throw any light on that topic. We are now dealing simply with men and women *admitted into* asylums. This is a totally different matter from the number *becoming insane*. There are divers reasons why the relative number of the two sexes placed under treatment should differ from the relative proportion insane. For example, in the general population the two sexes are numerically unequal, so that the same proportion of each would return an excess of one. Again, mental disease affects the two sexes differently, and may induce or compel the removal of persons of one sex to an asylum in larger proportion to the total number of sufferers, than those of the other. The two sexes are usually attacked at different ages. They play different parts in the social economy. These and other conditions affect the results, and it cannot be too strongly insisted that no greater mistake can be made in the use of statistics than to employ them as data for unwarranted deductions. Such use amounts to an abuse.

The "COMPARATIVE TABLE OF RESULTS" (page 69) includes most of the computations usually presented in asylum returns, and offers some features of novelty.

I. reproduces the customary percentage of "Recoveries on admissions."

II. gives the same proportion for County and Borough asylums generally.

III. shows the percentage on "Total number under treatment;" that is, the total number of cases of all classes remaining in the asylum from the previous year, plus the admissions of the year to which the return relates.

IV. places the same percentage for asylums generally in comparison with the last.

V. sets out the proportion per cent. of "Recoveries" on the "Average number resident."

VI. gives the same proportion for County and Borough asylums generally.

VII. and VIII. are, I believe, for the first time submitted to criticism. They must be taken with col. IV., page 66, col. XXX., page 67, and col. XVI., page 68, which they virtually supersede. The calculation is explained by the foot-note to page 68. In the tables published in *The Lancet*, an endeavour was made to ascertain the aggregate number of cases "Deemed

curable" left over from the previous year, and cases deemed curable on admission in that to which the return related. Upon this total, as representing the raw material of cures, it was proposed to estimate the work accomplished. This attempt failed. In only a few asylums are cases classed as curable or incurable at, or soon after, admission. The process by which the numbers were collected was therefore faulty. Cases were called curable because they *had been* cured; so that practically the total obtained was the number of cases "Deemed curable" at the close of the previous, and those *cured* during the year of the report. I now take as the basis of this calculation the cases returned as "Curable" at the end of one year, and the "Admissions" of the next year, minus the "Re-admissions" or relapsed cases, and the "Transfers." Eliminating these two classes of cases from the "Admissions," the latter may fairly be considered *new*. The total upon which the percentage of "Recoveries" is here computed is therefore made up of cases that are considered still hopeful, and those which are recent. Of course some of the so-called "New cases" may have been previously insane, but they have not been in the same asylum before, and they were not transferred directly from another. The classification is still unsatisfactory, but I think it offers some advantages over the rough process of calculating cures upon admissions of all descriptions, upon cases under treatment, in which the incurable must always be largely in excess, or upon the average numbers resident, which, unless the *time* element can be adjusted, gives no definable basis of estimate so far as the "Recoveries" are concerned, whatever may be said of this calculation as a test for the sort of negative success measured by mortality.* It is curious to notice how closely the percentage gained by the method of computation I now suggest approximates to that obtained by taking the proportion upon the total of "Cases admitted."

* Dr. Conolly, in his "Lectures" on lunatic asylums, alluding to Dr. Thurnam's tables, says:—

"... The method of calculating the recoveries on the admissions cannot but lead to error. If the ultimate fate of every case admitted into an asylum were accurately known, the comparison of the whole number of recoveries with the whole number of admissions would be simple and conclusive; but as this can never be accurately known, the number of admissions does not form a just standard with which to compare the number of recoveries. If incurable cases are excluded from some asylums and admitted into others, no calculation of cures on the admissions can justly show the curability of insanity in relation to both, and the proportion of recoveries in one must seem unduly greater than in the other. In any one year it is even possible that the recoveries may exceed the admissions. But the average daily number of patients in any asylum forms a fixed standard in relation to which the average of annual recoveries and deaths may be calculated with at least relative accuracy, and with reference to asylums in which the regulations differ as to the kind of case admitted."

I confess it does not appear to me that the calculation upon average number resident offers any obvious advantage over that upon cases admitted. The percentage of recent or curable cases in a public asylum of any considerable age must always be variable and generally small.

This seems to show the wisdom of the method commonly adopted. The resemblance will be seen on comparing columns I. and VII., II. and VIII.

IX. shows the percentage of "Re-admissions" on "Recoveries." After some hesitation, and fully recognizing the force of objections which have been urged against this method of regarding them, I have treated the case re-admitted as "Relapsed." They should certainly be held to qualify the results claimed as "Recoveries," otherwise several *cures* may be got out of a single case. X. gives the same percentage for County and Borough asylums generally, and will serve as a standard of proportion—apparently a somewhat high one.

XI. to XVI., inclusive, show the percentages for "Deaths" which are given for "Recoveries" in I. to VIII., excepting the special computations in VII. and VIII.

I intentionally abstain from even obvious remark, because the number of instances before us is not yet sufficiently large to justify general inferences. The reader will find the observations I have to offer upon the subject in the chapter on "Statistics" at the end.

Dr. William Farr, whose contributions to the science of statistics in its principal departments are of the highest authority and importance, made the following observations in his "Report upon the Mortality of Lunatics," 1841, drawn up at the request of the Council of the Statistical Society of London, a society engaged in persevering research, the full socio-political and scientific value of which has yet to be adequately appreciated. Speaking of the diverse conditions and modes of treatment adopted for the care and cure of the insane, he says :—

Amidst the various circumstances and conflicting systems, we ask which is the most advantageous? And it will be replied by all parties, "That is the best system under which the greatest number of lunatics recover their reason in the shortest time." But in a slow disease, presenting so much diversity in individuals, it is evident that the superiority of any system of treatment can only be determined by the average results, by a comparison of the recoveries and deaths—in fine, by statistics.

The following may be accepted as aphorisms of general accuracy and usefulness. I must apologize for the arbitrary manner in which they are extracted from a paper of great interest throughout, and to which the student will do well to refer.

There may be ten times as many lunatics in civilized, as in barbarous countries and towns; not because the tendency to insanity is greater, but because the lunatics live ten times as many months or years.

The mortality of lunatics in asylums is much higher than the mortality of the general population. The annual mortality of severe cases of insanity cannot, I think, in favourable circumstances, be less than 6 per cent., so that the mortality is three times greater among lunatics than among the general population at the same age. The mortality of 7 per cent. may be fairly ascribed to insanity.

If an asylum contained none but persons in the first year and a half of the

disease (after admission is always understood), the mortality would be 18 per cent. ; while it would be 8 per cent. in an asylum for chronic cases between one and a half and seven and a half years ; without implying any disparagement to the treatment in the former case. The rate of recovery in the two asylums would differ in a still greater degree, as it would be 19 per cent. in the first asylum, and only 3 per cent. in the second, set apart for the exclusive reception of advanced cases.

Instancing a particular asylum, but stating general principles applicable to all institutions for the insane, Dr. Farr says :—

. . . . It is evident that in the first year after it was opened, the proportion of cases in the early stages must have been greatest, and the proportion of lunatics in advanced periods of the disease must have since progressively increased and the proportion of deaths and recoveries should gradually have declined ; and this was the fact.

The probable future duration of insanity is two and a half years at the time of admission. . . . The chances that a patient will, or will not, remain insane two and a half years are nearly equal. Among those who remain insane half a year after admission, the probable future duration of the disease is nearly four years.

The “duration” of insanity affects the proportions of recoveries and deaths to total number under treatment in a manner curiously illustrated by the abstracts appended to the “Comparative Table of Results,” page 69, cols. III., IV., XIII., XIV. The “total number under treatment” is, of course, made up of the number in an asylum at the commencement of, and those admitted during, the period to which the total relates, whether the period be one year, or more. For example, the total number under treatment at Brookwood during the year 1874 was 812, *i.e.* 635 left over from 1873, and 177 admitted in 1874 ; or, for the five years 1870 to 1874, inclusive, 1464, *i.e.* 620 left over from 1869, and 844 admitted in the years 1870-74. The cures of the year 1874 were 84, which, upon 812, gives a percentage of 10·34. The average percentage of the five years ending 1874 was 7·44. Meanwhile the cures of the five years, 297 upon 1464, show 20·29. This is explained by the circumstance that, the “duration of insanity” being covered by the longer period, *proportionally* more recoveries were possible. The abstracts for *three, five, and eight* years show something like a geometrical progression, 14·29 for 3 ; 20·29 for 5 ; 24·43 for 8.

HANWELL ASYLUM.

THE HOUSE AND ARRANGEMENTS.

THE Middlesex county lunatic asylum at Hanwell offers a marked contrast to the edifice described in our last report. It is a vast straggling building, in which the characteristics of a prison, a self-advertising charitable institution, and some ambitious piece of Poor-law architecture struggle for prominence. The gates are kept by an official who is attired in a garb as nearly as possible like that of a gaoler. All the male attendants are made to display the same forbidding uniform. Whether the justices of this county are especially proud of their livery it is not for us to determine ; but, in the name of common sense and humanity, we must warmly protest against the weakness of parading it perpetually before poor creatures whose only offence is their misfortune, and whose distressing malady should deter governing authorities from obtruding what is, beyond all question, a source of irritation.

County asylums are now most unwisely treated as depositories for ex-criminal lunatics, and even prisoners who have become insane before the expiry of their terms of confinement. One of these morbid miscreants in a ward will make the uniform known to the ordinary inmates, and all idea of homeliness is immediately transformed to a depressing sense of imprisonment ; while that large class of lunatics who are partly insane and partly vicious instantly take to prison practices, and readily become imbued with the pestilent doctrine of criminal lunacy, which teaches that, being insane, people may commit offences with impunity.

The committee of visitors are doing much to improve the conditions of life at Hanwell ; it seems strange that so startling an error as the persistent use of this warder-like uniform has not long ago been remedied. We trust the justices will take the matter into their serious consideration. It is one of grave

moment regarded from a medical and curative, and not less from an economic, point of view. A suitable uniform might surely be devised which would be sufficiently distinctive and creditable, without reproducing the sombre colour and buttoned-up appearance of the conventional prison warder.

Hanwell, as an hospital for poor persons who are neither criminals nor in the ordinary sense of the epithet "paupers," is conspicuously unsuitable. Most praiseworthy efforts have been made by the committee and the medical superintendents to adapt the edifice to its requirements, and much has been achieved, but more remains to be accomplished; and we doubt whether the enterprise is not doomed to disappointment. Practically, the asylum can never be serviceable to use as an hospital—for any class. It may be available as a place of refuge for imbecile and chronic cases of mental disease in which safe custody is the chief requirement; but the notion of sending acute or recent, and possibly curable, cases there should be wholly and at once abandoned.

Speaking generally, the house is five, and the number of inmates three, times as large as the space or community of any hospital for acute mental disease ought to be. The immediate and inevitable consequences of this fault are extremely serious. To begin with, it has been deemed necessary to appoint *two* medical superintendents. This division of the medical management has the effect of leaving the general control of the institution to a third authority—the committee and its officers. The result is disastrous.

It seems to be forgotten that an hospital for patients affected with mental disease has scarcely anything in common with an hospital for physical disease. In the latter, no doubt, medical and surgical treatment may be separated from the ordinary house management, because the *materia medica*, therapeutic agents, and methods and appliances of treatment generally, are capable of being separated from such matters as housing, feeding, clothing, and domestic *régime*. But these very matters are the drugs and curative agents of the physician who undertakes to treat mental disease. Ordinary medicines, which are the principal remedies for disease of the body, are only exceptional and accidental agents in the treatment of disease of the mind.

It is by domestic control, by surroundings of the daily life, by such details as the colouring of walls, the patterns on floorcloth, the furniture and decoration of rooms, by the influence of pictures, birds, and draperies, the judicious use of different kinds of clothing, suitable occupations and diversions, and, generally, by moulding and controlling the life of a lunatic, the psychologist hopes to reach, capture, and re-educate the truant mind, and perhaps reseal the dethroned intelligent will of his patient. No lay committee can possibly be competent to interfere in these matters.

It is essential that there should be only one head to an asylum, and that the whole control of the administration should be gathered up in the *medical* superintendent. Even the authority of a matron, if she be more than a housekeeper, must detract from the personal influence of the medical superintendent with his patients and embarrass his treatment. It would be just as reasonable, or unreasonable, for the lay officials of an ordinary hospital to prescribe the drugs or the instruments with which physicians and surgeons treat physical disease, as for lay authority to be combined with the medical in an asylum for the insane.

We think it right to speak strongly on this point, although it is quite possible the medical superintendents at Hanwell may not be prepared to indorse our opinion. The evil apparent in this institution is one of growing magnitude elsewhere, and until justices have the moral courage to place these gigantic institutions on a proper footing, the fact that they are failing in their duty to the insane, and to the rate-payers—because the speedy cure of curable cases is the only true economy—must be brought plainly home to committees and the public.

Then, again, it is manifestly impossible the 1700 or 1800 lunatics and imbeciles huddled together in an asylum like Hanwell can be properly cared for. We do not believe there are now cases improperly detained in this asylum, but the evil is quite likely to occur at an institution of such magnitude. Sane individuals may be overlooked in the crowd, even by medical officers earnestly and devotedly striving to discharge their public duty. Let any one calculate for himself how much time a medical superintendent can possibly

give to each of 900 or 1000 patients, the larger number of whom probably stand in need of direct personal and daily assistance.

To devise a system of general routine, be it ever so well ordered, and place a mass of patients under common discipline, is practically to let them take their chance of recovery. This was the highest notion of mental treatment some five and forty years ago, but it is not now. As well might the ordinary physician give general directions that all patients suffering from pneumonia should be dosed with tartar emetic, or the victims of phthisis generally imbibe large quantities of cod-liver oil. Pulmonary gangrene and hæmoptysis would probably flourish in an hospital so conducted, but it would be idle to pretend that any serious or scientific attempt was made to cure diseases.

Mental disease is peculiarly varied in its symptoms and nature, and its victims are remarkable for their idiosyncrasies. Individual knowledge and special treatment are indispensable. Both are impossible in places like Hanwell Asylum. If here and there a case is specially studied and treated, it must be to the neglect of others. A wise and provident Board of Justices will lay these common-sense and practical considerations to heart, and carry out the reform to which they point.

Long cold corridors, huge wards, and a general aspect of cheerlessness, are the unavoidable characteristics of a building like Hanwell Asylum—an ungainly multiplication of regulation day-rooms, dormitories, and single rooms, which might be useful as barracks, but should long ago have been discarded as a residence for the insane. Nevertheless, taking the place as it stands, it is impossible not to be struck with the effort, on the whole much more successful than might have been anticipated, which has been made to render it comfortable.

The wards have been improved constructionally wherever that was possible; the walls have been painted, papered, or stencilled; the old stone floors have been replaced with wood; and the stable-like windows have been cut down. All this has been accomplished at great expense and with considerable liberality. Pictures, plants, tasteful ornaments, books and musical instruments have been provided, and it is a labour of love to notice at every turn the ingenious con-

trivances for the comfort of the inmates, which have been introduced by the combined intelligence of the superintendents and the spirited humanity of the committee of visitors.

Nothing can render the asylum a pleasant place to inhabit, or redeem its inherent ugliness. No change short of entire reconstruction could make its day-rooms really homely, its dormitories cheerful, or its airing courts anything but sad and prison-like. Meanwhile, what has been accomplished in the way of improvement is very remarkable, and reflects high credit on skilful workmen labouring with defective and unworthy tools.

It is needless to describe the building in detail. Let it suffice to say, briefly, that the house, the arrangements, the general routine of checks and counter-checks, are as complete as those recorded to the praise of Brookwood—with some points to the good. For example, there is an abundant water-supply obtained by sinking an artesian well; the provisions against fire are ample—there are hydrants on all levels, and electric alarm-bells from every ward and officer's room to a common centre; details have been considered down to the placing of a small filter in each dormitory.

On the other hand, there is no provision for separating special working communities, which has proved so useful a feature of the arrangements at Brookwood; and the possibilities of isolation in case of epidemic disease, except by some temporary erection, are *nil*. If the Commissioners in Lunacy would enforce their counsel on points like this, instead of wasting power in recommendations so wonderful as that for "a separate and suitable dead-house for each sex," a real need might be satisfied. As it is, we dread to contemplate what may happen if a serious outbreak of fever or small-pox should occur. There is a recreation hall, but it is far too small, and the system of entertainments is not sufficiently developed. The powerful and most salutary aid of theatrical representations, so well calculated to arrest and interest the wandering mind—perhaps more efficacious than any other instrumentality—is practically neglected. This is a cause for much regret.

The chapel is a vast and gloomy apartment, very like an overgrown meeting-house, which it must be the reverse of

comforting to attend. The wise course would be to throw this and the awkward small recreation hall into one, erect a new and improved stage and dressing-rooms, and build a commodious and detached chapel somewhere in the grounds. At the same time, a block of residences on the cottage principle, here and there, to be used as hospitals for curable cases, or in time of need for infectious diseases, would be worth many hundreds of pounds a year to the county treasurer on the general expenses.

We have already spoken of the folly of clothing the attendants in prison uniform. It would be advantageous if the attire of the patients were more diversified in colour and material, particularly on the female side, where a little pride in dress might obviate the need of special measures to prevent the wilful destruction of clothing.* The dietary is good and varied; it includes a liberal supply of vegetables and fish. The daily life of the inmates is well ordered, and they appear as contented and tranquil as the mistaken policy of associating large bodies of persons with unnaturally excitable temperaments in a ward will allow.

The service of the attendants—always a point of the first moment, but extremely difficult to infer from appearances—would seem to be fairly satisfactory. The proportion of these officials is about one to every thirteen patients, exclusive of inspectors. The system of night-watching is reported to be good, but it is hard to understand how the large dormitories and multitude of single rooms can be properly supervised. A passage in the report of the medical superintendent of the female department, for 1874, bears on this point:—"The ques-

* The following from the storekeeper's report, January 3, 1853, is interesting, as showing how the policy of clothing even "dirty" and destructive patients decently succeeds:—

"The patient employed in the store-room discharged cured, when I requested him to be brought to the store-room, his attendants replied, 'He is not capable of being employed.' I asked 'Why?' The reply was, 'He is so dirty in his habits.' I said, 'We will try him.' I ordered him a suit of new clothes, and after the first few days his conduct was satisfactory, which led to his improvement and ultimate discharge."

It must be hoped the course pursued was ordered by the *medical* superintendent! Occupation should always be considered part of the "treatment." In any case, it was the true remedy here, and doubtless wrought the cure the storekeeper attributes to its beneficent operation.

tion of the constant supervision of the epileptic patients by night has engaged my most earnest consideration for some time past, but I have been reluctantly compelled to come to the conclusion that in our present building it would be impossible to attain that object in its entirety; the difficulty arising from the large number of epileptics we have in the asylum—viz., 124; and of them 20, on the average, must sleep in single rooms, on account of their violent and irritable disposition." We must confess to placing very little confidence in the check imposed by "tell-tale" clocks. Those who have much to do with the insane will agree that it is always more difficult to watch attendants than patients.

The weekly cost of inmates is 9s. 11d. per head. The sewage is utilized, and the farm productive. The drainage is generally good. The warming of a large building like this is of course a work of difficulty: open fireplaces are general and approved. The grounds are not sufficiently planted, and the airing courts look dismal and bald: many of the seats have no backs. There is plenty of scope for the energy of reform in the provisions for recreation, both indoor and out. Notwithstanding the immensity of the asylum, there is a tendency to overcrowding, and in many of the day-rooms and dormitories both cubic atmosphere and superficial space for exercise are very deficient.

TREATMENT.

The general principles of the treatment adopted at Hanwell are no doubt identical with those in operation at Brookwood, but the practice is in many respects essentially different. It is humane, intelligent, and, in the broad sense, moral and suasive; but it necessarily lacks individuality, and that special character which arises from dealing with a limited number of cases directly. The medical superintendents do not approve the use of mechanical restraints, except for surgical purposes; but "seclusion" has been, and still is, an acknowledged remedy at Hanwell, and although it has of late been employed less frequently than in former years, it still forms an integral part of the discipline. During the last ten years the records of "seclusion," summarized as completely as we can ascertain the facts, are given in the following table:—

In 1865 there were 96 cases, comprising 193 instances.

" 1866	"	72	"	"	186	"
" 1867	"	68	"	"	116	"
" 1868	"	61	"	"	85	"
" 1869	"	66	"	"	118	"
" 1870	"	85	"	"	159	"
" 1871	"	120	"	"	244	"
" 1872	"	126	"	"	265	"
" 1873	"	62	"	"	127	"
" 1874	"	10	"	"	19	"
			<hr/>			
			766		1512	

The above is an approximation to the actual figures. The returns of seclusion do not, unfortunately, appear in all the reports.* It will, however, be seen that the practice is rapidly falling into disuse; and the following remarks, which we reproduce from the medical report issued in January of the present year (1875), will show that this is due to change of policy rather than to any supposed variation in the type of disease. Mr. J. Peeke Richards, the medical superintendent of the females, says:—

"Three patients have been secluded on three occasions, two of them being excitable epileptics. . . . During the previous year the seclusions were as follows: 51 patients secluded on 110 occasions. . . . By this it will be seen that the seclusions have materially diminished; and this has been due, I think, in great measure, to further extending the plan that has been adopted here for some time past,† and which the large size of our building and the number of our wards freely permit us to do—viz., that of removing the patient, when excited, to some other ward, thus removing her from her real or imaginary grievance or source of irritation; she then, as a rule, soon becomes quiet, and after a few hours returns to her own ward calm and tranquil."

The method thus indicated is in use elsewhere, and with the same beneficial results. Dr. Henry Rayner, medical superintendent of the male division, remarks:—"Five patients have been secluded once, one twice, and one thrice; making a total of seven persons secluded on ten occasions. . . . Six

* The figures have been revised since the report was published in *The Lancet*.

† See case recorded at page 108.

of the patients secluded were epileptics, and the seventh a general paralytic. By the experience of the last year I am strengthened in the opinion expressed in my last year's report, that seclusion is only very exceptionally a necessity."

The shower-bath is not, we are assured, employed except for ordinary physical purposes; never as discipline. The result of a very careful inquiry into the treatment is to leave the impression that Hanwell has within the last few years emerged from a period of darkness and empiricism and entered an era of scientific progress and enlightenment. Confidence in physical remedies has been reduced, as the reliance upon mechanical appliances and methods of restraint has been abandoned. Sedatives and stimulants are going the way of strait-waistcoats and padded rooms. In a word, the treatment is becoming more essentially moral. The difficulties which psychologists doomed to labour in a building like the asylum at Hanwell, and with attendants dressed as prison warders, must encounter and contrive to surmount, can scarcely be over-estimated, and it is only due to the medical superintendents to recognize the conditions under which they labour and the obstacles by which their daily practice is beset. The increased attention to matters of detail, relating to the more intractable and hopeless classes of cases, which recent medical reports evince, is a satisfactory token of improvement in the general management. The care of "wet" and "dirty" cases is more efficient; the provision of suitable employment for those who can be induced to work—a task of great perplexity—is calling forth better effort, and the result is a larger proportion of patients voluntarily employed—some 60 per cent. in 1874, showing an increase of 10 per cent. on the previous year 1873. Dr. Rayner's class at the Middlesex Hospital visits the asylum for clinical instruction, and while this is a boon of considerable magnitude to the pupils, it beyond question reacts advantageously on the practice of the institution. Hospitals of all descriptions are improved by being used as schools of medicine; and, under proper restrictions—for example, the obvious one of *prohibiting students from entering the wards or showing themselves to the patients except when accompanied by one of the medical superintendents*—the attendance of pupils at an asylum for lunatics is certain to

elevate and improve it. The obligations of clinical research, and the emulation of success it implies, must go far to redeem asylums from the character of mere retreats and strongholds for the subjects of madness to drag out hopeless and unhelped lives, and finally, die in.

It was impossible, in the space available for the publication of these reports in *The Lancet*, to do more than lightly touch the surface-points while gliding swiftly over the wide field of inquiry. I am only developing the initial thought and purpose of the commission in placing the facts more fully before the profession and that section of the public interested in lunacy. It was especially difficult to deal with the case of Hanwell in a condensed report. The history of that asylum is the story of the abandonment of coercion as a recognized method of treatment, an integral part of the practice of physicians enlightened and humane. In the words of Sir James Clark,* "to Pinel (of the Bicêtre) in France, and to Tuke (of the Retreat at York) in England, may be justly ascribed the honour of being the first to introduce the mild and humane treatment of the insane; to Dr. Charlesworth and Mr. Hill (of Lincoln), that of being the first to adopt *non-restraint*; while to Dr. Conolly belongs the merit of demonstrating that non-restraint is perfectly practicable in every asylum." Hanwell was the theatre in which this grand problem of science and humanity was worked out, by the master mind of one of the most courageous and calmest of thinkers, the best of practical administrators, and the kindest and truest of champions and helpers the grave interests of insanity and the insane ever enlisted in their service or counted among their friends. The history of Hanwell must, however, be sketched from a period much earlier than the era of Conolly's great labours there. It was opened under the superintendence of Dr. (afterwards Sir) William C. Ellis, who removed from the asylum at Wakefield to Hanwell immediately upon the completion of the building, the credit of which he ascribes to the "influence and unwearied exertions" of Colonel Clitherow.

The condition of matters in Middlesex previous to the opening of Hanwell Asylum must have been deplorable. It was described by Mr. R. Gordon, M.P. for Cricklade, who brought the case before the House of Commons, June 13, 1827. It is important to the appreciation of what has been since done in Middlesex to understand the state of affairs fifty years ago. I quote from Hansard.

Mr. R. Gordon called the attention of the House to the motion of which he had given notice, respecting the state of pauper lunatics in Middlesex. He particularly referred to the dreadful state of misery in which the pauper lunatics of the parishes of Mary-la-bonne and St. George were situated. When the overseers of the parish of St. George visited Dr. Warburton's asylum, they found, in

* "Memoir of John Conolly, M.D., D.C.L., etc.," by Sir James Clark, Bart., K.C.B., M.D. London, Murray, 1869.

a room eighteen feet long, sixteen cribs, with a patient in each crib, some of them chained and fastened down, and most of them in a state of great wretchedness. On one occasion, a visitor having gone there and reported that there was nothing objectionable in what he had seen, went again the next day, and discovered five rooms in which the patients were in a most horrid state of misery. This he found out, although, when he was there the day before, he was informed that he had seen everything. The unfortunate persons placed in these cribs were kept there from Saturday until Monday; their food being administered to them while in them. The infirmaries were another subject of just complaint. When a medical person visited them, the patient was brought into another room, and put in a decent bed; for the infirmary was kept in so shocking a state, that the keepers were unwilling that it should be seen: but as soon as the medical person was gone, the patient was reconducted to the crib. He spoke of the asylum previous to the 26th of February, when it was visited by Lord Robert Seymour. A temporary change for the better might have been since made; but what security had the House for its continuance? On the facts that he had stated, and others which showed still more the extreme wretchedness of the condition of the pauper lunatics of Middlesex, he would first refer the facts to a select committee; and, secondly, move for leave to bring in a bill for amending the 14 Geo. 3, c. 49, and for extending its provisions to pauper lunatics. . . . In that asylum (Dr. Warburton's) there were two hundred patients, and only two male and two female attendants—all the business of the house being done by assistant patients. This was doubly injurious to the convalescent patients, as the business retarded their recovery; and to the other patients, as they were attended by persons not fit properly to take care of them. The number of recoveries of patients in the vicinity of London was very disproportionate to the number of recoveries in other places, where there were proper lunatic asylums. For instance, in Norfolk and Gloucester, one-half the patients recovered; *whereas in Middlesex, not one-tenth ever sufficiently recovered to be discharged.*

Other members corroborated this testimony. Mr. Spring Rice stated that the then "present establishments were calculated only for the custody of lunatics, and by no means for their cure." Mr. R. Colborne "believed the only effectual way of remedying the evils complained of would be by building a county lunatic asylum." Mr. M. A. Taylor "declared that, in his opinion, there was not a chance for an individual confined in these asylums becoming convalescent." The select committee was appointed. The following passages are extracted from the report, which was printed on the 29th of the same month [June, 1827], showing what great urgency was used, and how serious the case was felt to be.

The select committee of 1815 called the attention of the House to the following abuses in the management of the houses for the reception of lunatics:—

1. Keepers of the houses receiving a much greater number of persons in them than they were calculated for; and the consequent want of accommodation for the patients, which greatly retards recovery.
2. The insufficiency of the number of keepers, in proportion to the number of persons intrusted to their care, unavoidably leading to a proportionably greater degree of restraint than the patients would otherwise require.
3. The union of patients who are outrageous with those who are quiet and inoffensive.
4. The detention of persons whose minds do not require confinement.

5. The insufficiency of the certificates on which patients are received into mad-houses.

6. The defective visitation of private madhouses under the provisions of the 14 Geo. 3, c. 49.

The evidence taken before your committee leaves no doubt that the observations are still applicable to licensed houses where paupers are received in the neighbourhood of the metropolis, and they are apprehensive that similar abuses elsewhere prevail, as no improvement has taken place in the law."

The select committee urged immediate legislation, and sketched the outlines of a measure. Lord Robert Seymour appended the following specific statement, which it is important to quote :—

I have already stated my conviction, that most serious abuses exist in the conduct of the houses for the reception of pauper lunatics in the county of Middlesex—abuses which I do not think can be effectually remedied in such houses ; and I feel confident that, even if abuses did not exist, it would be highly expedient to build a county asylum in Mr. Wynn's Act, as affording peculiar advantages, particularly under the following heads—warmth in winter, ventilation, light at night, air, exercise, employment, amusement, classification, separation of each pauper at night, cleanliness, decency, safety of person, economy of annual expenses, sufficiency in the number of keepers ; a paramount interest in the justices, governors, and medical officers to promote cure ; exclusion of persons sought to be improperly confined ; improvement in medical knowledge ; a uniform, constant, and vigorous superintendence by magistrates, medical men, and others, solely anxious to promote the comfort of the sufferer and ultimate cure, and having no particle of counter interest.

ROBERT SEYMOUR.

Portland Place, 16th June, 1827.

I have a double purpose in reproducing these proceedings in full. It is important to notice how closely the complaints and aim of reformers, in the days when there were few county or borough asylums, resemble our own. It is in respect to the very evils these public institutions were designed to remedy that they are themselves conspicuously defective. On the 19th of February, 1828, Mr. R. Gordon moved to bring in his bill. In the course of his speech, the member for Cricklade made the following significant remarks :—

He would appeal to the evidence of the committee, to prove that no attempt was made of any curative process for the mental malady.

However bad Warburton's house might be, it was good, as compared with others of the same kind, if not much better than many of them. It might at least be taken as a fair sample of what these houses were.

The only security against abuses which the law of that day gave was the power and duty of censorship intrusted to the College of Physicians. How grievously the commissioners appointed by that college * neglected their duty, and allowed their power to lapse, will appear from another passage of Mr. Gordon's address :—

* In the debate in the House of Peers, April 29, 1828, the Earl of Malmesbury stated that "the college had responsibility without power."

By the 14 Geo. 3, c. 49, a licence to keep a house for the reception of lunatics could only be granted by five commissioners, to be appointed for the purpose by the College of Physicians. These commissioners were bound to visit each of these houses once a year, and if they found anything improper, they were directed to place a card in the censors' room, stating what they had discovered to be incorrect. Unfortunately, this provision had never been attended to in practice—at least, since 1800. The excuse for this negligence was, that the complaint to the censors did no good, and was therefore abandoned. The only regulation of the law for the protection of these unfortunate beings was thus violated. When he first entered on this subject, he had naturally asked, as the commissioners had omitted the duty prescribed by law, what else they had substituted. If they had not acted according to the letter of the law, he hoped they had done nothing against its spirit. But he found, on further inquiry, that they had done nothing—literally and strictly nothing.

Lord Ashley seconded the motion. Mr. Secretary Peel spoke on the occasion, and some of his remarks on the subject are so pregnant with far-sighted wisdom that I cannot resist the desire to rescue them from the oblivion of Hansard's too much neglected storehouse of history. The language employed was almost prophetic. "He trusted that the honourable gentleman would introduce it (the bill) on such a principle that it would execute itself; for, unless that should be the case, there would be danger that, in the course of fifteen or twenty years, when the public attention was no longer excited, the same abuses as those now complained of would creep in. There could not be a question that, unless the asylums for pauper lunatics were well conducted, they would be a curse rather than a blessing; and it would be infinitely better to have none at all, than such as would only offer temptations to send unfortunate creatures to them. There were many cases in which the patient was merely troublesome, and it was much better that such as these should be abroad, it being preferable to leave them in the custody of their relatives, than lock them up in madhouses. That mildness of treatment might produce the best effects was to be seen from the manner in which the house in St. George's fields was conducted. Patients had been removed thither after being chained to the walls for nine years at the other place, and brought to quiet and tranquillity by the pursuing of a milder course." In one respect Mr. Secretary Peel was a *false* prophet. He predicted "that there might be danger in the establishment of a permanent Board of Commissioners. It was human nature, that daily and weekly visits to such scenes should harden men's hearts; and he therefore thought that it would be infinitely better, instead of a permanent board being established, that every six months new physicians and new visitors should be appointed." How a keen administrator could have become possessed of so erroneous an idea it is not easy to divine. Happily the proposal was overruled, and subsequent events have proved its folly. The history of the last thirty years is a narrative of uphill reform, in which the cumulative power with the growing influence of a permanent commission in lunacy has been the prime mover.

Mr. R. Gordon's bill "to consolidate and amend the several Acts

respecting county lunatic asylums, to facilitate the erection of county lunatic asylums, and to improve the treatment of pauper and criminal lunatics," was brought in and passed the legislature. The Commissioners were appointed. The following is an extract from their report to the Home Secretary, July 1, 1829 :—

. . . . Although the asylums, with regard to the comfort of the patients, are generally as good as we could expect, we regret to say that in those establishments, which are more especially destined for the reception of poor and of parish patients, very little attention is given to any curative process.

The number of patients either cured or materially relieved is so small, compared with the total number of those under confinement, as to strengthen our own observation of the imperfection of the present system, so far as it is connected with the restoration to reason of those who may be justly considered capable of recovery. It must not, however, be supposed that the managers are as negligent on this point as the returns would imply; the permanence of the disease may be accounted for by the tardiness of the parishes and of the relations of the poor persons in sending them to these establishments, where they can in no way contribute to their own support, and where they are necessarily maintained at a greater cost than they would be either in a parish workhouse or in their own houses; the malady is thus allowed to become inveterate before it is subjected to regular treatment.

. . . . Although the poorer classes are in many instances usefully employed in domestic services, it is not practicable to extend that mode of occupation to any great proportion of the patients, nor indeed is there always a willingness on their part to work. Some of those who are in a state of mind capable of exertion are represented to us as frequently considering employment a hardship unjustly imposed upon them; coercion for the purpose of effecting this object would, for the most obvious reasons, lead to great abuses; we have not thought it expedient therefore to urge it so strongly as we should otherwise have felt inclined to have done, although we have taken every occasion to express our approbation when we have seen the patients employed apparently to their own satisfaction, and with cheerfulness and goodwill.

The separation of patients of the same class of life, but labouring under different degrees and descriptions of insanity, has not escaped our attention; great difficulties occur in carrying this into very complete effect. In the large establishments, classification to a certain extent is attended to; but it is not universally conceded by those who have the management of these asylums that the entire separation of the patients who are dejected from those who are excited is beneficial to either class. Classification, however, in our opinion, is an object never to be lost sight of, and more particularly in that rank of life where previous education and habit make the distinction of manners, of appearance, and of conduct more perceptible to the patients; the strictest attention should be paid to keep those individuals who, from the peculiar tendency of their malady, are necessarily objects of disgust, apart from those who, labouring under aberration of intellect, are nevertheless fully capable of feeling most sensibly the misery of living with such associates.

The concluding remarks in this passage apply, of course, directly to classification in private asylums, but the principle, in its broad sense, holds good of all classes of the insane; and my immediate object is to

give the reader a preliminary notion of the extent to which what are sometimes supposed to be modern refinements were recognized as essential points of prudence in the treatment of lunacy before the opening of an asylum which, looking to the conditions extant when it was built, and the enlightened management under which it was speedily placed, ought to have proved a model institution, and inaugurated a new era in organization and management. Sir W. C. Ellis, the first resident medical superintendent at Hanwell,* states that at the time when the asylum was contemplated "it was thought there were upwards of eight hundred lunatics chargeable to the county of Middlesex, and to the different parishes." The particulars are set out in the following table, which I reproduce from a return made to Parliament, and printed, by order of the House of Commons, April 28, 1830 :—

22. COUNTY OF MIDDLESEX.

							Males.	Females.
Lunatics	...	...	...	...	...	...	236	416
Idiots	...	...	...	...	...	...	87	85
Total number of insane persons							323	501
Of whom there are—								
Dangerous	...	...	...	...	...	...	135	209
Not dangerous	...	...	...	...	...	...	188	292
Confined in asylums	...	...	...	...	...	...	225	371
Not in confinement	...	...	...	...	...	...	98	130

Rates paid for Maintenance of Paupers.

							For those in confinement.	For those not in confinement.
							£ s. d.	£ s. d.
Lowest rate paid for the maintenance of each pauper	}						0 5 0	0 2 0
per week							...	...
Highest ditto	}						0 15 0	0 12 0
Average ditto							0 10 3	0 4 8
Total sum paid for the maintenance of insane	}						291 3 8¼	42 16 3
paupers per week							...	...

N.B.—As to 23 of those in confinement, and 44 of those not in confinement, the expense of maintenance does not appear by the returns, and for 5 of those in confinement nothing is paid.

In some of the returns it is stated that the expense of maintenance includes clothing, but in others no mention as to clothing is made.

In the selection of a site for the Middlesex Asylum the county was fortunate. Sir William Ellis compiled statistics of mortality for the county asylums at Lancaster, Wakefield, and Hanwell from March, 1832,

* "A Treatise on the Nature, Symptoms, Causes, and Treatment of Insanity, etc.; and a Description of the Pauper Lunatic Asylum for the County of Middlesex at Hanwell," by Sir W. C. Ellis, M.D., resident medical superintendent, and formerly of the asylum at Wakefield. Published 1838.

to March, 1837. He says, "It will be seen from these tables that, taking the average of deaths for the last six years, it is at

Lancaster, 24'29	} and taking the relative proportion in round num- bers, it differs very little from	{ 4 3 2
Wakefield, 17'87		
Hanwell, 12'56		

From the professional skill and zeal of the medical gentlemen at Lancaster and Wakefield, this difference in the mortality can only be accounted for from the singularly healthy situation of the asylum at Hanwell."

The asylum is situated on the high-road from London to Uxbridge, with a dry gravel soil, and fairly well satisfies Dr. Conolly's concise description of the choice that ought to be made. "There can be no doubt," says that authority on all matters connected with lunacy,* "that the best site for an asylum is a gentle eminence, of which the soil is dry, and in a fertile agreeable country, near enough to high-roads, a railway or a canal, and a town, to facilitate the supply of stores and the occasional visits of friends of the patients, and to diversify the scene without occasioning disturbance." Sir William Ellis apologizes for the cost of the land at Hanwell on the score of health and convenience.

From a return to the Crown, dated 27th February, 1834, I take the following figures:—Middlesex: Expenses of erection and providing necessary furniture, £124,440; expense for five years for furniture and repairs, £6391 13s. 9½d.; average per annum, £1278 6s. 9d.; amount paid for superintendence, medicine, and other attendance, £1700 10s. 5d.; rate per head made to parishes for county patients, 8s.; largest number in the asylum at any time during the year 1833, 564; number which might be accommodated, 564. In an appendix to the work above cited Dr. Conolly gives the cost of Hanwell as £202,000, including furniture and land. He names 1000 patients as the number which can be accommodated. The estimate therefore doubtless includes the expenses incidental to enlargement. Sir William Ellis states that the asylum "was originally built to hold three hundred patients;" "but," in another place, "with greatly economizing the room and making use of a part of the basement, it has been fitted so as to accommodate six hundred and fifteen." Sir William Ellis and Dr. Conolly both deplore the consequences of this preliminary blunder, but with very different degrees of enlightenment. Sir William principally regrets the limit put to the usefulness of the asylum:—

As no patients can be discharged except on being cured, or on the undertaking of their friends to provide for them, that is, on their ceasing to be paupers, the only other vacancies arise from deaths; and as the exercise, the pure air, and wholesome diet at Hanwell, equally tend to prolong life, the mortality has been very small; indeed, the epileptic and consumptive have formed a great proportion of the deaths in each year. From these circumstances it has, with scarcely any exception, been impossible to admit the recent cases on their first becoming

* "The Construction and Government of Lunatic Asylums and Hospitals for the Insane," by John Conolly, M.D. 1847.

insane ; and before they can be taken in, the most favourable opportunity for the application of medical and moral remedies has passed away. Indeed, as the parishes claim the right to send a number of paupers, in proportion to their rental, it frequently happens that when application is made by a parish for the admission of a recent case, the parish has its full number in the asylum ; and that when a vacancy does occur, it must be filled up, not by the recent case, but by an old and incurable patient from another parish, that has a right to the vacancy. When alterations were made in the asylum, and it was rendered able to contain rather more than double the number for which it was originally built, yet as the additional accommodation was not sufficient to hold one-half of those who were then confined in the different private asylums and workhouses, of course the class of patients admitted still continued to be the old and incurable.

Elsewhere the same superintendent, whose attention seems to have been concentrated, to a fault, upon the economic view of this question, observes of asylums generally—

An important saving may be effected by having the building three stories high. I am aware that great objections have been made to this arrangement, particularly in France ; but I think without sufficient reason ; the epileptic, and those likely to injure themselves in going downstairs, may be placed on the ground floor. Any objection to the plan from its fancied inconvenience to the servants is perfectly futile ; there are, and very properly, so many contrivances to prevent the necessity of their leaving their wards, that their journeys up and down stairs are much less frequent than those of servants in private families. This plan was found to answer exceedingly well in the asylum at Wakefield, where I resided for many years ; and as it effects a considerable saving, I have no hesitation in recommending it.

How much more clear in perception and robust in definition are the views of Dr. Conolly on the same important topic :—

A great fault is generally committed in the original construction of county asylums, which subsequently entails many other faults. The asylum is usually erected merely for the supposed actual number of lunatics in a county ; and, in consequence of the incurable patients not being discharged, the building becomes, in the course of ten years, crowded with nearly double the number first provided for. Provision is made for them, first by means of the erection or extension of wings, to which, if the original plan has been well devised, there exists no objection ; but afterward, by piling a third story when it can be raised, or by excavating rooms and wards underground. These arrangements have all the disadvantages which I have mentioned. They render proper classification, either within doors or without, almost impossible, and the preservation of order difficult. By the accumulation of so many persons, day and night, in a lofty building, many of whom can seldom leave the wards, and no one of whom is in perfect health, the asylum becomes subject to every atmospheric and terrestrial influence unfavourable to life.

The views of Sir William Ellis and Dr. Conolly, who successively superintended Hanwell—with a brief interval—during the first twenty years of its existence, offer so marked a contrast, and, taken together, cover so wide a field of practical asylum work and lore, that I can scarcely hope to treat this part of the subject more usefully than by making the retrospect a compilation from the two accounts of Hanwell—one given by Sir William Ellis in his *Treatise*, and the other interwoven

by Dr. Conolly with his Reports or embodied in his Lectures, published in *The Lancet* in 1846, and subsequently reprinted while he was still at Hanwell in 1847. I shall reproduce the story as far as possible in the words of its authors.

The first part of the task I have set myself is not a gracious one. Sir William Ellis was evidently a man of humane instincts, great industry, some, though not adequate, courage, and manifestly animated with a sincere desire to ameliorate the condition and cure the maladies of those among whom he laboured. To his sagacity and enterprise is probably due the introduction of employment as a measure of treatment.* The system was, I believe, commenced by Sir William Ellis at Wakefield, and it was developed under his rule at Hanwell. Nor was the attempt to engage the attention and give purpose to the energy of the insane limited to inducing them to labour. The scheme included the provision of such facilities for amusement as a library, lectures, musical and dramatic entertainments, and festive assemblies.

The "Report of the Select Committee appointed to inquire into the State of the Pauper Lunatics in the County of Middlesex" [printed 29th June, 1827, and cited above], contains the following interrogations on the subject of work and the occupation for patients; but this was after Sir Wm. Ellis had introduced the system at Wakefield, and may have been the fruit of his efforts. The suggestions are, however, interesting as showing how fully the need of engaging the attention and diverting the mind of the insane was recognized nearly half a century ago. Our own difficulties on the subject will be seen to constitute an anachronism.

MENTAL TREATMENT.

32. Has the active engagement of the mind to the sciences, fine arts, literature, or mechanical arts, been attempted with patients of a superior description; and what has been the result?

33. Where grave studies would be unsuitable, has it been found beneficial to afford patients such employments as are calculated to engage the attention to external objects without inducing intense abstraction or exercise of mind; such, for example, as drawing, painting, designs, models, gardening, etc.?

34. Where the mind is so diseased as to be evidently unfit for the foregoing exercises, has benefit been experienced by furnishing the patients in their courtyards with the means of innocent amusement, from music, domestic animals, poultry, birds, flowers, and objects of a similar nature?

It is impossible not to feel, while reading Sir William Ellis's account of the *régime* at Hanwell, that it was conceived in a spirit of intelligence and kindness which marked a considerable advance on previous methods of treating insanity, and deserves the most ample recognition. Having urged this much on behalf of the system adopted by the first superintendent at Hanwell, we have said all it is possible to say, without expressing regret that Dr. Conolly did not happen to be a candidate for the superintendency of that institution at the outset. Whether the policy of moderation which Sir William Ellis pursued can be supposed

* See page 107.

to have paved the way for the measures of radical reform introduced by Dr. Conolly is a question I will not pretend to determine. The satisfaction which may be experienced in looking back thus forbearingly is certainly akin to that felt by the historian who thinks the domestic policy of Queen Mary was a salutary prelude to that of Elizabeth, or the clouding over of Christendom before the Reformation of happy augury for the burst of light and liberty that succeeded. I am not gifted with the faculty of deriving consolation from such considerations, and do not therefore share the content of those who think Hanwell was fortunate in securing the services of Dr. Ellis, seeing that it would have been incomparably more useful had it been opened under the auspices of Dr. Conolly. I am especially reluctant to appear niggardly in praise of the good Sir William accomplished; but, at the risk of seeming to be, I must lay some stress upon what he omitted, and, on the other hand, the wrong he did—scarcely through ignorance, seeing that the sources of information from which Dr. Conolly drew practical inspiration were open to Dr. Ellis, while abundant opportunities of testing the system of non-restraint introduced by Pinel in France, and by Tuke in England, were at the disposal of the superintendent; whereas Conolly had no such means of ascertaining the extent to which lunatics might be treated as human creatures rather than wild beasts, and with kindness instead of cruelty. How far the practice pursued by Sir William Ellis at Hanwell can be deemed considerate or intelligent, looking to the circumstances in which he was placed and the advantages he enjoyed, may be inferred from the following extracts, which I take almost at random from his Treatise, published in 1838, just a year before Dr. Conolly was appointed superintendent of the Middlesex Asylum and boldly struck that blow at the root of the system of coercion from which it never recovered and in process of time practically expired.

. . . . In all cases where the patient begins to be ungovernable, the kindest and least afflicting mode of proceeding, even to the patient himself, is to procure such an overwhelming power to restrain him as to make him feel it is useless to resist. Very few will contend with three or four determined persons; but if only one or two be present, the most violent opposition is made.

These directions apply to putting the patient in "restraint." The superintendent proceeds to deal with the question what particular kind of restraint should be employed, with the benevolent air of a surgeon discussing which of several methods of performing a necessary operation it may be best to adopt, never for an instant recognizing the possibility that the use of restraint at all may be a needless act of injury.

The most simple and least objectionable mode of confinement, is that of a pair of wide canvas sleeves, connected by a broad canvas shoulder-strap, so as to rest easily on shoulders. They ought to come up well on the shoulders, and to extend about an inch beyond the ends of the fingers; the part covering the hand should be made of tolerably stiff leather, *to prevent the hand grasping anything.* They keep the arms *hanging easily, and in a natural position, by the sides of the body.* They are fastened at the back by two straps, one going from one sleeve a little above the elbow, across the loins to a similar position in the other sleeve;

a second lower down, and by three similar straps in the front; the latter being secured by buckles, which, in large establishments *where there are many patients to be attended to by one keeper, ought to be locked.*

Sir William elsewhere recommends that, instead of placing two attendants in charge of a ward, the inmates of an asylum should be broken up into parties of twenty or twenty-five! He thinks a larger number *inconvenient.*

It is sometimes also requisite to secure the feet. For this purpose we find that a couple of leathern straps, well lined with wool, placed round the ankles and secured to the bed by staples, is all that is necessary.

Then comes a word of counsel to attendants in favour of moderation.

Though it may be necessary, in some cases, to assemble such a force that the appearance of the persons alone may prevent all opposition, yet it is unwise and cruel for the whole party to fly at the poor patient to accomplish that which may be frequently done under the soothing influence of one favoured attendant; the mind of the patient being subdued by the presence of the others, who are ready to render further assistance, if required.

This pleasant word by the way is all very well; the principle is sound, and its application would be judicious if the business in hand had only been legitimate. Sir William resumes the composed description of what we should now designate instruments of cruelty:—

Another very convenient and easy mode of confinement is, by an arm-chair. Each of the arms of the chair forms a padded box, which *incloses the arm of the patient, from a little below the elbow to the wrist.* The box ought to be sufficiently large to contain the arm quite loosely and without any pressure, and the hand will remain at liberty. A board, which forms a very convenient rest, is attached by hinges to the inner side of one of the arms of the chair, and is fastened to the other arm. When the confinement of the arms is unnecessary the box may be opened, and the patient may still remain fastened in the chair, by means of a loose strap passing in the front of the body, through two holes at the back of the chair, and there buckled. The chair may be fitted with a foot-board, a little elevated above the floor, and perforated with holes. Under this board a vessel constantly filled with hot water ought to be kept in cold weather.

The delicate attention of providing a patient confined in one of these chairs with a foot-warmer marks the sort of progress of which Sir William Ellis and those who shared his belief in tender-hearted torture were the pioneers.

"Happily," reflects the superintendent of Hanwell, "the whip has for some time, at least in this country, ceased to be allowed in any lunatic asylum; and the more humane and rational plan of *punishment*, by deprivation and confinement, has been substituted in its place." Sir William has a plan of his own to submit. It is as follows:—

It sometimes, however, happens that patients are met with who are so obstinate and incorrigibly perverse, that these means alone are not sufficient. The *shock of the electrifying-machine*, which is often found beneficial in cases where the powers want rousing, is, in cases of determined obstinacy and bad conduct, equally useful. The terror of the machine will often overcome the vicious

inclination. The same effect is frequently produced by the *shower-bath*, but still more so by the use of the *circular-swing*.

It is satisfactory to find the recourse to these "remedies" recommended only after other means have failed, and then "never without the most explicit orders from the medical superintendent, who ought to be present whenever the latter" (that is, "the circular-swing") "is applied." Any punishment short of electrifying, half-drowning with the shower-bath, or scaring and dazing with the circular-swing—a brutal engine of agony—attendants might use at their pleasure. Yet we are sometimes told the treatment of insanity at Hanwell was enlightened before the time of Conolly. Epileptic patients were at night "so secured as to be unable to turn upon the face;" that is to say, they were confined by the wrist or arm to the bedstead—a measure well meant, but miserably defective in point of ingenuity, and noteworthy as showing by what rough processes safety for life and immunity from accident were effected. Enough has been said to show that the merit of Sir William Ellis consisted rather in reducing the magnitude of the evils under which the insane laboured than in their removal. He did not so much redress grievances as grace their infliction with an air of comfort and even luxury. The foot-warmer was added to the chair of coercion; the straps were padded; the canvas camisole was substituted for the old-fashioned strait-waistcoat; instead of the whip, refractory paupers were punished with the electrifying-machine, the shower-bath, and the circular-swing. Even for this sort of improvement it may be wise to cherish a sentiment of gratitude; but the emotion awakened is small, and, remembering what had been accomplished at the Retreat and Lincoln Asylum, it is difficult to call up any great feeling of respect for the intelligence of the good man who went so far but no farther. We may next note some of the opinions propounded by Sir William Ellis on asylum construction and management.

The principle Sir William Ellis lays down is unassailable.

The first object that should be kept in view, after providing for the comfort and health of the patients, is economy; for, after all that can be said of the feelings of humanity towards this unfortunate class of our fellow-creatures, their sufferings are too much out of sight to create that sympathy for them which is felt for others, whose wants are more known. It becomes necessary, then, to show that to render them efficient assistance need cost very little more than to neglect them; indeed, if the probability of cure be taken into consideration, it is in reality to the pecuniary advantage of each county to provide asylums sufficiently large to hold *all* their lunatics. But whilst we keep economy in view, we must take care that we are not misled in supposing that things procured for the least money are always the cheapest.

We have already seen that one concession to economy proposed by the superintendent involved a serious sacrifice of efficiency, namely, the attempt to effect "an important saving" by erecting asylums three stories high. A policy of weakness led Sir William Ellis into other errors, of which the following extracts show a few:—

There ought to be a proportion of about sixty-six sleeping apartments for every hundred patients. The sleeping apartments for single patients should not be less

than eight feet six inches long, and six feet nine inches wide, and twelve high. At Hanwell each sleeping apartment contains six hundred and sixty cubic feet. As a general principle, I should prefer having the sleeping apartments only on one side of the gallery; *but in a county asylum for paupers* there will always be a considerable portion in so helpless a state of fatuity, as to be unable to appreciate any of the advantages of a cheerful aspect; and, if they have a pure air to breathe, are kept clean, kindly attended to, and well fed, nothing more can be done for them. For this class of patients the *more economical plan of having the sleeping apartments on each side of the galleries may be adopted with propriety*: to obviate, however, the darkness, and to give even these galleries a degree of cheerfulness, open spaces, sufficiently large to contain beds, may be left on each side of the gallery, in which windows should be placed for light and air.

It must be understood that the author is not here striving to make the best of an existing arrangement, but, as he explains, showing what an institution of this class ought to be, with a view to answer numerous "letters from persons concerned in the erection of asylums, both at home and abroad, requesting an opinion on the minutiae," and in the hope that his directions "will not be altogether useless." He selected "these arrangements after visiting and seeing the plans of a great number of lunatic asylums, both at home and on the continent, and after twenty years' residence in two of the largest in England." His predilections are therefore the more wonderful. Sir William recommended, if he did not originate, and perpetuated, if he did not introduce, many of the worst evils and errors of construction, which superintendents are now labouring everywhere to amend. Gloomy galleries shut in on both sides, with only here and there a recess with a window, are among the most serious obstacles to modern improvement. How objectionable the arrangement extolled by this authority really is must be apparent to the most cursory observer, while superintendents have its practical disadvantages forced on their attention every day. But economy led to worse faults still. Sir William goes on to explain:—

The patients may dine as well as sleep in these spaces, the bedding being removed during the day to an adjoining apartment: *this arrangement will save the expense of a separate dining-room for patients of this class.*

The notion of making paupers dine where they sleep to save expense was unworthy of a medical superintendent, even at the date when this strange counsel was given. Again:—

In asylums designed *for paupers only*, it is unnecessary to have any plaster on the walls. Limewash on the bricks is all that is required; it is easily applied whenever and wherever it is wanted: in a short time, indeed, it forms of itself such a covering over the bricks, that the absence of the plaster is not observed, and in a large building the saving of money is considerable.

It is well the superintendents of to-day, at Hanwell and elsewhere, should be made aware to whose counsel they are indebted for some of the ugliest and most discreditable features of the buildings they are doing so much to improve. It was not the parsimony of public men, or the perverseness of visiting committees, that made asylums erected within the last

fifty years what they are, so much as the wrong-headedness and moral weakness of medical superintendents, who have given bad counsel, and even, in some instances it is to be feared, courted popularity by recommending what they must have known to be unsuitable and therefore unwise. Sir William could be independent and explicit enough when he pleased. Witness his remarks on the kitchen :—

The plan of having two kitchens, one for the males and another for the females, is perfectly ridiculous : it would necessarily create the necessity of having a double set of servants, and double minor offices of every description, and would greatly increase the labour of the superintendents.

What would Sir William have said to the proposal that there should be two dead-houses, one for each sex, as suggested by the Commissioners in 1874? Sir William urges a strong objection to open fireplaces :—

With open fires, when secured by proper guards, all the space round and near them is occupied in cold weather by the patients least requiring extra warmth ; and the feeble, and those whose circulation is most languid, are pushed away : quarrels and blows are not unfrequent, as may be supposed, under such circumstances ; nor can these evils be prevented, unless the attention of one keeper is entirely devoted to watching the fireplace.

Upon the all-important subject of airing courts Sir William Ellis spoke and wrote with more sagacity than upon many other topics, and he was strongly in favour of excursions beyond the asylum grounds. His views on this point, and the pains he took to illustrate the value of liberty, and show how far it might be safely accorded to the insane, deserve recognition. Speaking of employing patients, he says :—

When the system was commenced by myself and my wife, on the opening of the asylum for the West Riding of Yorkshire, at Wakefield, so great was the prejudice against it that it was seriously proposed that no patient should be allowed to work in the grounds outside the walls without being chained to a keeper. Another suggestion was that a corner of the garden should be allotted for their labour, and that they should dig it over and over again all the year round. The kind feeling and good sense of the people in the neighbourhood soon overcame these prejudices ; and not only did they witness with pleasure the unfortunate patients happily engaged in their works in the grounds of the institution, but they were delighted to meet them emerging from its bounds, and, by a walk in the country, and a little intercourse with their fellow-men, preparing to enter again into society. . . . Most sincerely do I hope that similar feelings will soon operate in favour of the patients at Hanwell, and that an unfounded prejudice will not long continue to confine them entirely within the pales which surround the building.

That hope has been realized. Sir William Ellis indicates another reform, which has since been partially, though not fully, carried out with advantage to patients and relief to their medical guardians. After praising the excellent service done by Queen Adelaide's fund in aid of paupers discharged from asylums, Sir William proceeds :—

But something further is still wanted. A comfortable place, where such of the patients as might be deemed proper objects might, for a time, find food and shelter, and a home, until they could procure employment, would be an invaluable

blessing to them ; and if such an institution were established, even at the cost of the parishes, it would in the end prove a saving. Many patients might be tried in such an establishment, and eventually restored to society, who are now compelled to remain in the asylum as lunatics, in consequence of their retaining some erroneous views on some unimportant matter. Although this does not interfere with their capability of judging between right and wrong, or prevent them from performing their duty, it is an insurmountable bar to a medical superintendent signing a certificate of their sanity ; and, without this, the visiting justices cannot order their discharge. I have no doubt that, in many instances, this erroneous impression would be effaced by a little mixing in the world, and in the ordinary business of life ; indeed, I have known cases of this kind, where the friends have made the trial, and have procured the discharges of the patients, on the undertaking that they shall be no longer a burden to the parish. The greatest success has been the result : the complete change of scene, and the occupation of mind have entirely diverted the thoughts from the subject, on which the erroneous impression remained ; and as this ceased to be dwelt upon, the derangement gradually wore off, and the patient soon become perfectly sane. The friends of several of the patients would gladly venture to make the experiment for a few weeks, but they are afraid of undertaking the maintenance of them permanently. This difficulty might be obviated by providing such a retreat as has just been mentioned ; but even if this be impracticable, *much might be done by permitting the patients, when convalescent, at proper times, to go out and mix with the world before their discharge.* Unfortunately, so strong a feeling against this plan exists in the county of Middlesex, that its adoption at the asylum at Hanwell is, for the present at least, quite out of the question.

It is nearly forty years since this was written. The principle of allowing patients to go out on trial has obtained the sanction of the law.* We have no establishments for preparatory liberty before discharge, but most superintendents use their detached hospital-block or the residences of their farm bailiff and gardener as intermediate houses between the asylum and the world.

Another point which Sir William Ellis saw clearly, and on which he wrote without reserve, was the need of medical education in the department of mental disease. In the work from which I am quoting he dilates on this defect and recommends specific reform.

The first step would be not to permit any student to be qualified to pass an examination, either as physician, surgeon, or apothecary, without producing certificates of having previously attended a course of lectures on insanity ; and it ought to form as usual a subject of examination as any other disease.

It is to be regretted that the force of these remarks has not yet obtained more than a meagre recognition. There is a university in the North which, looking to the large number of its graduates engaged in this specialty, might with propriety, and to the public advantage, take the lead in removing the reproach that there is no qualification in "lunacy," and scarcely any requirement of knowledge in "mental science" for ordinary practice.

* In many instances paupers are granted an allowance during the probationary period, which conduces greatly to their cure by relieving anxiety.

Enough evidence has been adduced from the writings of the first superintendent of Hanwell to show what system of management, and methods of cure were adopted there in its earlier years. It remains only to cite the statement that "the medical and moral treatment" were "under the immediate direction of the resident physician and matron," and to his other duties the superintendent added that of "treasurer to the institution." Sir William Ellis was of opinion that, "when the peculiar circumstances of these establishments are taken into consideration, it seems a most desirable arrangement that the direction of them should be in the hands of married persons; it gives," he continues, "a home feeling to the parties, and prevents the little petty quarrelling and jealousies which are found continually to exist where single persons preside, and each has a separate interest to attend to." It is impossible, I think, to shut out of view the fact that the circumstance of a superintendent's wife acting as matron involves a sacrifice of social position injurious, if not fatal, to success. It is above all things indispensable that medical superintendents of asylums should be educated gentlemen; and if that is to be the case, their wives cannot be matrons. Indeed, it is inconceivable that a man of position and culture would allow his family to have any connection with an asylum. Notwithstanding the views expressed, and the arguments advanced, by the Commissioners, I am strongly of opinion that a detached residence should in all cases be provided for the medical superintendent, and that it ought to be in his power to leave the asylum and its affairs behind when he enters the domestic circle. It is a shortsighted policy to keep the mind continually on the stretch, or fixed on a single subject, more especially if that be one involving considerable anxiety and calling for sustained and concentrated attention while the duties of an office are being performed. The best results have attended the provision of detached residences for superintendents; and if in any case the business has been neglected, the fault lies with the individual, not in the measure of respect and confidence with which he has been treated.

Sir William Ellis was sound on the subject of medical superintendence: "From what has been said on the treatment of the insane in lunatic asylums, it will be obvious that, according to my notions, no one, except a medical man, and a benevolent one, ought to be entrusted with the management of them." If we strike out the word "matron" from the following remarks on control, they will be found equally sagacious.

It will be unnecessary to add, that the keeping in order so complex a machine, even now that its parts are carefully arranged, requires the constant and anxious watchful attention of the superintendent and matron: there is not a single movement which does not directly emanate from them. Not a single article is permitted to be ordered without their express direction, and from them, individually, has originated each of the various occupations which are now carried on in the institution, to the comfort and happiness of the patients. The selecting the proper agents to assist them in accomplishing their design has been one of their most difficult tasks. If the choice and dismissal of these agents had not been entrusted to them, it would have been impossible that the present system could have been carried into execution; a minute personal attention is required for the success of

it, which can only be ensured by the personal superintendence of those who are immediately in authority. Many little things, the neglect of any one of which could not be made to appear to a committee as a sufficient ground for the dismissal of an officer or servant, are essential to the comfort of the patients; and some of these are in themselves so irksome, that nothing but the knowledge that the disregard of any orders, which affect the welfare of the patients, will at once be followed by some punishment, and, if persisted in, with a dismissal without appeal, can secure diligent and constant attention.

This absolute authority centred in the person of the medical superintendent is the only workable system of government. It is in full force at Brookwood; at Hanwell it is, I venture to hope, in abeyance, rather than superseded. Elsewhere, as we shall see, it has been rejected for a constitution which places the committee at the nominal head of affairs; but the chairman in that case, by his great experience and address, rules the committee, so even there hope is not extinct.

Hanwell under Sir William Ellis may be described as passing through a phase in which barbarity was mitigated and ignorance enlightened. It was the death-bed scene and repentance of the old hard-hearted policy of coercion, rather than the birthplace of a new and generous idea. It is not surprising that succeeding committees of visitors at this asylum have tried to persuade themselves and others to regard it as something better. The reader may hereafter see cause to think with me that, under some misconception, the magistrates of Middlesex have from very early times laid claim to an undue share of credit, and affected to play an unreasonably prominent part in the origination and carrying out of schemes for the treatment of lunacy. For the present, however, we may be content to let one of these committees recount the story of Hanwell during the first fifteen years of its career. The narrative is too important to be left in the comparative obscurity of the official reports, and the medical history of the period, on which it throws much light, is of more than sufficient interest to justify the lengthy quotations I propose to make, especially as any attempt to paraphrase the statement would detract from its value as an *ex parte* and apologetic account of events and methods of procedure which do not altogether accord with our modern ideas of asylum management, and the care and treatment of the insane. It would be difficult to produce a more respectable summary of the early history of any institution than that presented by the visiting justices of Hanwell, on the eve of their retirement (1846), signed by the chairman, Mr. Charles Augustus Tulk. It comprises a retrospect of the reports up to that date, and embodies nearly everything the reader will care to know.

Nothing can more strongly mark the progress which society has made within the last fifty or sixty years than the different aspect under which the insane have been viewed, and the different way in which they have been treated. Formerly there was but little difference in the treatment of the criminal and the insane. What advantage there was, was on the side of the criminal. He was punished for a crime, and under the authority of the law; the other was visited with a lengthened punishment for no crime, and subjected to the control of one whose brutal will

perhaps was his only law. The law afforded no adequate protection to those who, by the loss of reason, were unable to protect themselves. Their very misfortune seemed to shut them out from all sympathy with those who possessed the light of reason. Who ever thought of applying himself to better the condition of the insane? There was one man, however, Pinel, an intelligent and noble-hearted Frenchman, who in 1792, in the midst of surrounding horrors, brought commiseration and kindness within the walls of a lunatic asylum. *We owe to his courage and humanity the many beneficial changes which have been brought about in this country in the treatment of the insane*; he has the distinguished honour of having instructed the nations of Europe practically in the Christian duty of dealing out to the insane the same measure of mercy which we ourselves should desire were we to be similarly afflicted.

In this country, long after the example which Pinel had set, though there were isolated attempts to introduce a humane system of management into asylums, they were exceptions only. Cruelties of the most revolting kind continued to be practised by sordid, unprincipled men. The law threw not its protection round the insane; their sufferings, when known, were unheeded, because they were supposed to be for the most part unavoidable. It was believed that the insane could only be ruled by brute force, and therefore brute force continued to be the rule, and enlightened humanity the exception.

But this scandal to a Christian country was gradually to be removed, as the spirit of enquiry was awakened, and sounder principles prevailed.

Almost the first, and certainly the greatest, benefit conferred upon the insane pauper, was the Act of the 9 Geo. 4, c. 40, which was intended to facilitate the erection of county lunatic asylums for the poor, and to improve the condition of lunatics. This Act, which was passed in the year 1828, gave a power to counties to erect such asylums for the insane poor, was not compulsory, but was still a considerable advance in favour of the insane, who had been left either to the neglect of the parish poor-house, or to the cruelty of those who farmed them and treated them as the stock of a trading speculation. Thenceforth, in those counties that wisely took advantage of the Act, the friends of the insane pauper could be assured of that which the laws of society are bound to afford—protection against cruelty, and security against neglect.

This was effected mainly by the appointment of committees of magistrates, who were responsible to the courts of quarter sessions that the intentions of the legislature and the provisions of the law should be carried into effect.

At the Michaelmas quarter sessions of 1827, such a committee was appointed under the Act of 48 Geo. 3, c. 96, for the county of Middlesex, and they presented their first report the following April. This report was principally confined to those preliminary enquiries as to the choice of the land on which the proposed asylum was to be built; the quantity was not to be less than twenty-five acres, a limit applicable to the supposed wants, and not, as was afterwards discovered, to the actual wants of the county. The committee did not specify any particular locality, but required that it should be in an airy and healthy situation, and well supplied with water—they also advertised for plans.

In their second report of Easter, 1828, they announced the choice and purchase of land, consisting of forty-four acres, at Hanwell; and certainly there could not have been a better spot for a lunatic asylum. It embraced the two requisites of an excellent soil and a pure atmosphere, and the great convenience of a canal in its immediate neighbourhood.

After making choice of the best of three plans, for which they had offered premiums, they next proceeded to the estimated cost. In their sixth report, which was

presented in the beginning of 1829, the cost was stated to be estimated at £123,730. The committee do not mention for what number of patients it was intended, but the court voted that a sum not exceeding £50,000 should be expended in the erection of an asylum for 300 patients. This sum, however, was not found sufficient to cover the lowest tender, which was £62,000. In their report of 1831, the committee stated to the court that they had appointed Doctor and Mrs. Ellis to be the superintendent and matron of the new asylum.

Thus far the summary is a concise narrative of facts. Now commences a singularly skilful sketch of the leading features of the first *régime*. It is important to notice the early appointment of Dr. Ellis, and the curious arrangement into which he entered with the committee. There can be no question as to the amplitude of his power, or the establishment of his authority sufficiently early to secure any changes in the construction of the building and the system adopted to which his judgment or inclination might have prompted him. Up to this point we have been studying the views of Sir William Ellis; we shall presently hear something of his practice, described by friendly biographers interested in placing the matter before posterity in the most favourable guise.

In many respects this was a most happy choice: he was a man who, from his experience of some years as the physician of the Wakefield Asylum, in the county of York, and from his active habits of life, was well qualified to put the machine in working order, and to see that it worked well; and Mrs. Ellis, the matron, brought to the office talents of a superior order, and from both the institution derived great benefit during the time of their remaining there. They were both of them benevolent and conscientious, and were sincerely anxious to adopt every improvement which was thought to be compatible with the safety of the patients. Instruments of restraint were used upon violent or capricious patients, because the consequences of restraint upon such patients were not well considered or understood. The time was not ripe for the change which, come when it would, would inevitably meet with a host of prejudiced opponents.

The duties which the new superintendent took upon himself, with the consent of the committee, were not only those which belonged to him as physician, but those also which are now exercised in part by the visiting justices, and in part by the storekeeper and accountant. He was entrusted with the choice and engagement of the officers, the keepers, and an assistant apothecary, who was also to act as clerk. He was to engage the housekeeper, and one keeper for every twenty patients—the men at £25 a year, and the females at £15. So completely was he considered by the visiting justices as the general director of the establishment, that in April, 1831, the committee reported their appointment of Dr. Ellis not only as medical superintendent and director, but also as the treasurer of the institution, under a personal bond of £2000, and two sureties of £1000 each.

With the inexperience of the committee this delegation of several duties to the superintendent appears to have been at the time inevitable. It was, however, an evil which eventually led to his and Lady Ellis's resignation in 1838.

The knowledge of these circumstances will be useful in considering the existing arrangements at this asylum and at Colney Hatch. It is essential to a right understanding of the conditions, and due to the committees of these institutions, that the original constitution of the establishment at Hanwell should be adequately described.

On the 16th of April, 1831, the building was finished, and opened for the reception of 300 patients. The first admitted were 25 males and 15 females, and soon after the number was increased to 178. It was not long, however, before it was discovered by Dr. Ellis (!) and it was mentioned by the committee in their report of July, 1831, that the asylum which was built for the accommodation of 300 patients, might be easily made to accommodate 500. But at this time an extraordinary circumstance presented itself, for which the visiting justices seemed unable to account. Here was a noble building, affording the means, as it was then thought, of accommodating all the pauper lunatics of the county, which was not nearly filled, and that not from the want of patients, for the committee in the same report recommend the alterations which were to fit it for 500 instead of 300; but because the officers of some parishes were unwilling to send their lunatics to an asylum built expressly for their use. In some instances they omitted, in others they positively declined to send them. The reason of these refusals and omissions is not given, nor even conjectured; nor does it appear to have occurred to any one until some years after, when the parishes showed more than usual anxiety to get their patients into the asylum, and urged some serious complaints against the visiting justices, on their refusal to allow the exchange of old for recent cases. But in the year 1831 the visiting justices were more alive to the importance of having recent cases than the parishes seem to have been, for in the same report in which the committee mentioned the omission of some and the default of others, and proposed to take measures for compelling the recusant overseers to send their patients to the county asylum, they very properly added, those patients, namely, whose cases there shall appear to be the greatest probability of curing.

Up to this time it appears that £107,000 had been granted for the whole outlay of an establishment calculated for 300 patients; but for the additions and alterations by which it could be made to accommodate 200 more, £20,000 additional were required, which sum, by more accurate estimates, was afterwards reduced to £17,000.

In July, 1832, it was announced that the arrangements were complete for receiving 500 patients, and that 466 had been admitted. A consulting physician and a consulting surgeon were thought necessary, and Dr. Morrison and Mr. Cooper, of Brentford, were appointed to those offices.

[The twenty-second report of October, 1832, mentions the appearance of malignant cholera within the building. The number originally attacked was 19, and of those 10 died. In 1834 the disease again broke out in the asylum, and of those who were attacked four died. It is a remarkable fact, for which no reason could be assigned, that the first attack of the disease was entirely confined to females, and the second strictly to males. This is the only epidemic that has appeared in the asylum, and this was not connected in any way with the locality.]

1833 brought on additional expense in outbuildings and offices. Those which were sufficient for 300, the original number proposed, were found to be quite insufficient for 500; and as the numbers have gone on increasing, this same inconvenience of not having outbuildings and offices large enough for the numbers, has been felt, and has had to be remedied up to nearly the present time. The haste also with which the asylum was finished, a haste to be commended rather than blamed, when the great uses to which it was intended to minister are considered, now showed its consequences in the considerable repairs which were found necessary.

Among the useful suggestions for which the asylum was indebted to Doctor and Mrs. Ellis was the extensive employment of the patients. In his very first

report, presented at the Epiphany quarter sessions of 1832, he mentions the considerable amelioration which had taken place in the condition of the insane poor of the county, in consequence of the appointment of commissioners, in the year 1828, to visit the places of confinement; and, with great good judgment, he adds, "but even the greatest solicitude for their comfort, the want of sufficient air, exercise, and employment, which can only be obtained in a large building with ample grounds, presents the most formidable obstacle to their cure." Then he eulogizes the establishment at Hanwell as admitting every variety of interesting occupation within its walls, the constant employment in the open air, the cultivation of the land and the gardens attached. So eager was he for the employment of the patients, that in December, 1832, he says in his report that the system for employing them has been pursued most perseveringly in every variety of work adapted to their respective qualifications, and he tells the court that, in addition to the quantity of mechanical work which has been done during the year, the levelling of the kitchen garden and orchard, estimated to cost £1300, is already in such a state of progress, that if the following year be favourable for outdoor employment, the whole will be completed before the end of the year 1833, without one shilling cost to the county. Then, as if anxious to relieve the public mind from all ungrounded fears, and to accustom it to more humane and rational sentiments, he concludes by saying that not a single accident has occurred from the patients having been trusted with the tools used in their different occupations. These, among other less formidable weapons, were spades, bill-hooks, and scythes. The right spirit which Dr. Ellis displayed in these and similar remarks seems to be the germ of that principle which, when brought practically to bear, has since ended in the abolition of all mechanical restraints.

The committee place the matter in the most attractive light. Critics less concerned to make out a continuity of enlightened management for a particular institution might be disposed to view the retention of restraints by Dr. Ellis as a proof that his policy was not so advanced as his friends believed, more especially as the non-restraint system was already in full and successful use at the Retreat and Lincoln Asylum. That the committee were not ignorant of this fact is apparent from the following remarks:—

At the same time, the non-restraint system was gradually making its way, by the exertions of intelligent men, in two or three other public establishments of the kingdom, and was, to some extent, adopted in a few amongst the best-conducted private establishments. But if the system of non-restraint failed to convince Sir William Ellis of its practicability, to him and to Lady Ellis the praise is certainly due of having prepared the way for the crowning, though difficult, task, which was afterwards successfully undertaken by Dr. Conolly. By the humane and judicious conduct of Sir William Ellis, he was the pioneer who prepared the way for the removal of those deep-rooted prejudices which had well-nigh opposed a fatal barrier to much of the comfort and, as it may hereafter prove, to the possible recovery of the insane.

It is in passages such as this last that the genius of Mr. Tulk and his coadjutors is displayed. We must, however, reserve comment until the statement of Dr. Conolly as to the system he found extant in the asylum, and the appliances for coercion in use there, is before us.

In February, 1837, the visiting justices reported that, by the recommendation of the court, they had made enquiries as to the expense of enlarging the asylum for

200 additional patients, and that it was estimated at £14,000. They recommended, however, that two wings should be built, and each wing to be of a size to accommodate 150, or together 300 patients, and so provide for all the pauper lunatics of the county. This was a mistake which arose from the imperfect returns of the pauper lunatics out of the asylum. The serious inconveniences of these defective returns have been felt up to the present time. The report mentioned that if the court should determine upon building sufficient for the accommodation of 300 more, then the total expense was calculated at about £22,000. In a subsequent report they state that they had contracted for the building of two wings at an expense of £20,000. The additional £2000 were to be expended in increasing the offices, and in the furniture and fittings.

In July, 1838, the visiting justices had to record the resignation of Sir William and Lady Ellis. Their resignation was at the time felt as a great loss to the asylum. Under their direction the institution had made considerable advance towards that point, when another system, founded on more enlarged principles, could be successfully introduced. The time had come when, from the number of the patients, and from the complexity of the domestic arrangements, Sir William Ellis was unable to fulfil the duties of medical superintendent, director, treasurer, and accountant. The committee felt this, and that it was due to the county, to the interests of the asylum, and to Sir William Ellis himself, that they should appoint a house-steward, treasurer, and accountant, and that his duties thenceforth should be confined to the sufficiently arduous office of a physician. This change, necessary as the committee deemed it to be, led to his and Lady Ellis's resignation.

After the retirement of the first medical superintendent, Dr. J. G. V. Millengen was appointed, but his term of office was so brief that it calls for no special notice. He presented only one report, dated December 31st, 1838, and containing nothing noteworthy. Dr. John Conolly took office on 1st June, 1839,* and Hanwell entered upon a career illustrious in the annals of lunacy, and which has never yet received the full exposition it deserves. I regret that it is not in my power to supply the deficiency. Sir James Clark's memoir of this enlightened physician and friend of the insane is a *brochure* of considerable interest, but the theme merits more systematic treatment. I confess the circumstance that some one of the many practitioners in lunacy who received the germinal principles they have since developed with uniform success from Dr. Conolly's teaching, has not been moved, by pleasure and gratitude, to give the profession a clear account of the system so well defined and skilfully worked out by this master of our art, fills me with surprise. It is not a biography of the man we desire—that Sir James Clark has to some extent supplied: the demand is for a studious and critical exposition of the principles and practice of rational medicine which Conolly was the first to teach, although he was not their originator.

It is above all things desirable to show that the system introduced and

* "The fact is, I did not immediately succeed Sir Wm. Ellis. He resigned in 1838; and at the election the casting vote of the chairman (the late Colonel Clitherow) excluded me in favour of Dr. Millengen. Some time afterwards Col. C. told me that my exclusion was occasioned by my politics. In 1839, on the resignation of Dr. Millengen, I was elected by a large majority."—*Letter by Dr. Conolly to Dr. Bucknill, quoted by Sir James Clark in his Memoir.*

formulated at Hanwell had nothing of finality in its character. Dr. Conolly did not establish the new treatment by a *coup d'état* like that by which Pinel emancipated the miserable victims of mingled tyranny and terror in the Bicêtre. Those who claim for Sir William Ellis the credit of acting as "a pioneer"—a pretension I cannot admit, seeing that the first superintendent at Hanwell erected and perpetuated more obstacles to progress than he cleared away—will probably explain the seeming ease with which Dr. Conolly abolished restraint in this large asylum by the assertion that the way was prepared.* That this contention will not bear the test of an appeal to facts is evident from the following extract, which I take from the third report of the resident physician, dated October 1st, 1841.

A memorandum relative to restraints, furnished by Mrs. Bowden (late Miss Powell), the matron, comprehends 41 cases, almost all of which were in *constant* restraint of some kind or other previous to September, 1839. Fourteen of these patients were almost always fastened in restraint-chairs; † twenty were almost always in a kind of strait-waistcoat called *sleeves*; several were in complicated restraints, and some in a chair and at the same time in sleeves, or the muff, or in leg-locks.

It is satisfactory to know that "all these patients were liberated before the end of September, 1839." Nevertheless, Dr. Conolly did not act precipitately. His account of what he accomplished is remarkable for its moderation, modest confidence in his own conclusions, and keen appreciation of the merits of others. His second report, October 1st, 1840, contains an important retrospect:—

In resolving, after innumerable observations and much reflection, to endeavour gradually to abolish bodily restraints; which, without being remedial, were, he suspected, often the means of aggravating the malady, and productive of phenomena rather to be ascribed to them than to it; the resident physician begs to assure the visiting magistrates, that he was not influenced by any desire to detract from the merits of those who had, before his time, and by many efforts, some of them very difficult, in some degree prepared the way for attempting it. From the time of the ancients, the sentiments of humanity visible in the directions of physicians for the treatment of the insane are seen, until a very recent period, to be unhappily intermingled with rules which can only be regarded as the offspring of terror and ignorance. The mingled and inconsistent character of the treatment thence resulting, and prevalent in the most civilized countries of Europe, was not essentially changed until 1792. The amelioration of the condition of lunatics began at that period, when Pinel first struck off their chains. Cruelties, which it would be revolting to particularize, prevailed, even in England, to a much later time.

* Dr. Conolly, in "The Treatment of the Insane without Mechanical Restraints," describes the condition of Hanwell Asylum when he took office, and alludes to the question how far the treatment adopted by Sir William Ellis had any affinity with that afterwards introduced by himself. He also gives a series of extracts from his own reports. The reader will find these topics dealt with in pages 186 to 274, inclusive, of the work named. I have thought it better to pursue an independent inquiry, and make my own selections of passages from the reports.

† See pages 93 and 94 for a description of these instruments.

These have been gradually disappearing, but have not yet entirely disappeared. There is too much reason to believe that if the actual state of some of the English lunatic asylums were now closely enquired into, it would be found that the fondness for ingenious and cruel instruments of restraint, with which both the English and Germans have been reproached, has by no means died away in this country. Yet, forty-five years ago, the Christian-benevolence of the Quakers, carried into practical operation in the Retreat at York, awakened general attention to a subject previously little thought of. The directors of other asylums, roused by enquiries, or alarmed by accidents no longer to be concealed, imitated Pinel's example, and liberated several wretched patients from fetters which they had too long worn. Some of the asylums of Scotland presented in their foundation examples, almost before unknown, of institutions in which the comfort and happiness of the incurable were shown to be compatible with every attention to the proper treatment of those capable of cure. In each of these were received and comforted many poor creatures previously confined in dungeons, chained to a pillar or stake; the sport of idle cruelty, and the victims of ignorant neglect. The employment of lunatics by Sir William Ellis, at Wakefield and at Hanwell, particularly in farm labour, *recommended by Pinel thirty years previously*, but shown by Sir William Ellis* to be practicable beyond what appears to have been before thought possible, was a step of extreme importance in the management of the insane; involving not merely an extension of employment, but in some measure altering the manner in which they were regarded, and leading to many minor improvements in their condition. During the last ten years the asylums of Scotland and of Germany have been approaching, in some respects, to models of what such institutions ought to be. The labours of a long life have immortalized the name of Esquirol, by whose urgent and continual exertions, seconded by the intelligence of numerous physicians of his own country, the asylums of France have been long undergoing a gradual improvement. The practice of this distinguished physician has been, among other things, signalized by his firmly discountenancing the rotatory chair,† the bath-of-surprise, and other means of punishment rather than of cure, which formed an approved part of the treatment of lunatics, until a very recent period, in England. Following, therefore, not presumptuously, in the track of former improvers, and with the sincerest respect for their endeavours, the resident physician could not fail to perceive the importance of the principles by which they were guided. He observed that all their efforts had for their object the production of habitual calmness and tranquillity; and of obtaining and preserving that confidence on the part of the patients, without which they felt that all their efforts were continually liable to be frustrated. In every step that he has taken your physician has but been acting on the principles laid down in the pages of Pinel and Esquirol; extending their application a little, and leaving out a few of what appeared to be old errors still adhering to the systems even of those accomplished and philanthropic practitioners. . . . If the resident physician at Hanwell has ventured to think that the severities which both those great observers avow to be creative of the most serious obstacles to attempting a successful moral treatment, may be dispensed with, with safety, and with the effect of ameliorating the characters of insanity, he may add that he has himself come in no haste to this conclusion; but after many years of observation, and of habitual reflection on the varieties and management of insanity, preceding a residence amidst 850 lunatics.

* The italics are mine; see pages 97 and 103-4.

† In principle resembling the circular-swing; see page 95.

I find among the returns drawn up by Dr. Conolly a "Daily list of persons in restraint from July 1st to October 31st, 1839." Dr. Conolly took office on the 1st of June. From this statement it appears that during the four months to which it relates, there were 348 instances of the use of restraint; of these 182 were cases of its application to men, 166 to women. 275 occurred in the first month, July; 66 in the second, August; 7 in the third, September; and in the last month, October, *none*. On the 1st of October, 1840, Dr. Conolly reports: "The use of the strait-waistcoat, the muff, the restraint-chair, and of every kind of strap and chain designed to restrain muscular motion, was discontinued on the 21st of September, 1839, and has never been resumed. The practice of fastening the epileptics, exceeding 100 in number, by one hand to their bedsteads at night, was gradually put an end to about the same period."* The following is a case strikingly illustrative of the beneficial results obtained by the improved treatment. As Dr. Conolly cites it in his reports and reproduces it in his Lectures, I presume he deemed it of special importance. I quote from the report dated October 1st, 1841. It is introduced with the following suggestive remarks, applicable to the periods when the institution was under the control of Sir William Ellis and of Dr. Millengen:—

As at that time no reports were ever made, or records kept, by the attendants of the patients in restraint; whilst *closets full of instruments of restraint were at their command*—it was impossible for the resident physician ever to know, by night or by day, how many of the patients whom it was his duty to protect were in actual bondage:—

It was curiously indicative of the perversion of feeling engendered by long familiarity with restraints, that there was no part of the asylum in which they were more freely employed than in the female infirmary; and to one instructive instance of their misapplication the resident physician must ever acknowledge himself indebted, as the cause of his being more immediately aroused to forbid practices on which he had always looked with dissatisfaction.

A young woman (E. D.) in a state of chronic dementia, following attacks of mania which had occurred six or seven years previously, was found, on the resident physician's first visit to the wards after his appointment, fastened in her bed by a strap round her neck, by a strap round her waist, and by straps to her feet. She also had on the sleeves, which enveloped her hands in hard leather cases,† and

* That the abolition of restraints was not effected without opposition, which too frequently took the form of unscrupulous abuse, may be inferred from the following remarks, which I quote from "Aphorisms on the Treatment and Management of the Insane," etc., by F. G. Millingen, M.D. 1840. A foot-note to page 106, *op. cit.*:—

"Nothing can be more absurd, speculative, or peculative, than the attempts of theoretic visionaries, or candidates for popular praise, to do away with all restraint. Desirable as such management might be, it can never prevail without much danger to personal security, and a useless waste and dilapidation of property."

Dr. Conolly refers to this in a note to page 187 of his "Treatment of the Insane, etc.," but does not quote it. I do, remembering that it was published at the time when Dr. Conolly's experiment was in its critical stage, and the issue uncertain.

† See page 93.

her hands were also fastened by short straps connected with the strap round her waist. She was extremely feeble and emaciated : her skin was in a very irritable state. She could not get out of bed, or raise herself up, or turn, or lift her hand to her mouth. In this state she had been kept for some weeks. No cause was assigned, except that she was troublesome—that she would undress herself—that she was always in mischief.

Day by day, with all the caution assumed to be necessary, one after another of her galling restraints was removed. For a short time she proved to be mischievous and troublesome in her powerless way. She delighted in taking off the clothes from her irritable skin, and she preferred standing up to lying down upon the irritating straw of her bed. She one day broke a pane of glass (*being still locked up in her room*), and squeezed part of her superfluous wardrobe through it. *This habit was discontinued when she was permitted to come into the gallery*; but, as she was fond of taking any unappropriated bread, tea, or beer that she found in the ward, the infirmiry nurse, who had highly disapproved of all the proceedings in the patient's favour, contented herself with the milder means of fastening a long strap to the waist-strap of the patient's dress, and securing her by it to an iron bar, or a bench, or a heavy restraint-chair, in which state visitors shrunk with affright from this poor harmless creature. This thralldom being also forbidden, the patient gradually became less troublesome, and *being removed to another ward*, slowly recovered strength, and even became fat. The poor girl had been a music mistress, and in a few weeks after her restraints were taken off, she was led to the organ in the chapel, by the physician's ever kind assistant, the matron, and induced to play. It need scarcely be added that her playing was not listened to without emotion. This patient is yet in the asylum, imbecile, and incapable of employment, but seldom mischievous or troublesome ; and so altered are the habits of the attendants, that if she were to be ordered into severe restraint, or into any restraint at all, it would probably create a general feeling of horror and aversion throughout the house.

Who shall say that the sad termination of this case in dementia was not induced by the repeated employment of restraints ? It is easy to assert that the event would have been the same under different treatment, but no one who knows much of mental disease would dare to defend that proposition in the face of facts patent to most observers. The instances in which a mind affection frets itself, so to speak, into the organism, while the sufferer chafes and fumes under restraints and coercion, are too many and eloquent of this dire mischief to be disregarded. It was one of the powerful arguments against sending a patient to an asylum five and thirty years ago, that the malady was almost sure to be confirmed. Happily, that state of matters has been mended ; but it is instructive to look back, and when an acute and honest critic—such as Dr. Conolly ever was—declares he has learnt wisdom from a typical case, the profession may well lay the lesson to heart and strive to learn the utmost it is capable of teaching.

Every writer who cites authorities does so with a purpose, and in the selection of passages to quote he expressly or unconsciously seeks out those best calculated to bolster up some preconceived theory of his own, or to give strength to certain doctrines he is endeavouring to teach. I make no pretension to a more judicial mode of dealing with this subject.

The single purpose I have in view is to press forward what seems to me the progressive idea of liberty in the care, and simple mental or physiological measures of treatment for the cure, of the insane. Whether I help or hinder the work, whether the effort succeeds or fails, this is the ruling thought. I want to prove that, although much has been accomplished, much more remains to be done. Alienists speak of circular insanity; there is a most unfortunate circularity in medicine. New systems or modes of treatment crop up; they are extolled, vaunted, abused, and finally neglected. The non-restraint system has shared this capricious fate. It has been hailed as a great discovery, discredited by bad management, and at the present moment it is languishing in neglect. No one, happily, has had the hardihood to revive the old bad practices in asylums, but too many physicians appear content to let matters drift. There is little earnest thought of progress. Now, I submit that if Dr. Conolly had lived to work out the principle on which he reconstituted the treatment of lunacy, he would have carried matters over this dead point.

The abolition of restraints was the abandonment of an injurious and barbarous practice based on a misconception. Mad people did *not* require mechanical coercion. The recourse to appliances to compel quiet was simply a trouble-saving expedient which did serious harm. The opposition of force to force inflamed the passions, excited the already irritable brain, and provoked the maniac to waste strength—necessary to the restoration of the disordered functions and the re-establishment of mental and physical health. What the reformers of five and thirty or forty years ago accomplished was the proof of their mission. It remained for those who came after them to carry the work of improvement further, by substituting a better system for that which had been shown to be bad and thereupon laid aside. This has not been done. The practice of lunacy lies very much where Conolly left it. It is my present object to show that those upon whom the obligation to move forward has devolved have not even yet dispensed with the temporary expedients which the pioneer employed to aid him in carrying out his earliest schemes, and which he gave unmistakable indications of being about to lay aside before his day of labour, so great and so glorious, drew to a close. I have no hesitation in asserting my strong persuasion that, had Dr. Conolly commenced his work earlier, and lived to carry it forward—I will not say to finish it—he would have abandoned the practice of “seclusion,” except as a medical remedy for physical disease or disturbance, as he gave up the use of muffers. I will cite some passages from his reports which, in my opinion, place beyond question the fact that his work was essentially progressive, that it pointed in the direction I have indicated, and that he was, so to say, feeling his way. Take the following to begin with: it is from the first report, presented October 31st, 1839.

The article of treatment in which the resident physician has thought it expedient to depart the most widely from the previous practice of the asylum has been that which relates to the personal *coercion* or forcible *restraint* of the refractory patients. Without any intention of derogating from the high character acquired by the asylum, it appeared to him that the advantage resulting from the

degree of restraint permitted and customary in it, at the period of his appointment, was in no respect proportionable to the frequency of its application ; that the objections to the restraint actually employed were very serious ; and that it *was in fact creative of many of the outrages and disorders to repress which its application was commonly deemed indispensable*, and, consequently, directly opposed to the chief design of all treatment, the *cure of the disease*. The example of the Lincoln Asylum, in which no patient has been put in restraint for nearly three years, came also powerfully in aid of an attempt to govern the asylum at Hanwell by mental restraint rather than by physical.

Dr. Conolly then proceeds to point out, with the air of a wise man advancing cautiously, the difficulties which must beset the path of reform, especially that enormous obstacle to all progress, the obstinacy of attendants. These officials being "accustomed to rely on the easy help of close restraints, were reluctant to abandon them ; and, unexercised in the resources without which their abolition produced inconveniences," as might have been expected, they did not approve the new-fangled ways. The resident physician does not himself "*yet presume to say that strong restraint may never be required*." As a matter of fact, he used it in a modified form, after the coarse appliances of coercion were thrown aside. This will appear from a passage in the report last cited.

For patients who take off or destroy their clothes, strong dresses are provided, secured round the waist by a leathern belt, fastened by a small lock. . . . Varied contrivances are adopted, with variable results, for keeping clothing on those who would otherwise expose themselves to cold at night ; and warm boots fastened round the ankles by a small lock, instead of a button or buckle, are sometimes a means of protecting the feet of those who will not lie down. . . . Those who are in the habit of striking suddenly, tearing the bed-clothes, etc., sometimes wear *a dress of which the sleeves terminate in a stuffed glove without divisions for the thumb and fingers*.* But no form of strait-waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs, or any of the muscles, is now in use. The coercion-chairs, about forty in number, have been altogether removed from the wards ; no chair of this kind has been used for the purpose of restraint since the middle of August.

The reform thus established was sweeping, but it did not at once clear away all evils. In his second report, October 1st, 1840, I find Dr. Conolly confessing, "Even the stuffed gloves, mentioned in the physician's last report as resorted to in some cases, in which the patients were accustomed to strike others, were found to possess so many of the disadvantages of restraint that they were discontinued after a short trial. They were chiefly employed on the female side of the house ; and the report of the nurses concerning the patients to whom they were applied, as well as those who, for the same reason, perpetually wore leg-locks, is that they are less combative and dangerous than they were before." Thereupon follow a few words of wisdom, which might with advantage be emblazoned in every ward until the lesson they teach inspires the leading thought in

* No great improvement on the sleeves with leathern hand-guards, recommended by Sir William Ellis and condemned by Dr. Conolly (see pages 93 and 106), except that the arms were free.

all asylum management : "*Any contrivance which diminishes the necessity for vigilance proves hurtful to the discipline of an asylum.** Physical restraints, as they rendered all vigilance nearly superfluous, caused it to fall into disuse ; and, in proportion to the reliance placed upon them, innumerable evils of neglect crept in, which cannot exist where restraint is not permitted." The genius of the system which Conolly introduced was progress. In the "Conclusion" of his second elaborate report, which is, in truth, a masterly exposition of his mode of treatment, he writes :—

The mere liberation from restraints, although it will prove a measure of extensive operation in a large asylum (concealed or slight habitual restraints being generally numerous where severe restraints are tolerated), is only a small part of the undertaking. The security and good behaviour of the patients must then be placed in entire dependence on the constant watchfulness and care of the attendants, and a *system of treatment* be substituted for the restraint system, sustained by the cheerful co-operation of every officer ; so that the whole government of the house may become kind, protective, and, as it were, parental.

In other passages of the same report, Dr. Conolly expounds with his accustomed clearness the principles of the personal treatment upon which he strongly and repeatedly insists. For example :—

Habitual intercourse with the insane cannot but impress those the most zealous for giving extended exercise for what is termed moral treatment, with the conviction, that the only prudent course with a lunatic, during a state of violence, is to interfere as little as possible. Danger and mischief must, of course, be guarded against ; but direct interruption is not always practicable ; reasoning produces fresh irritation ; contradiction commonly exasperates ; and violence leads to injury, or leaves a lasting feeling of sullen resentment. Perfect calmness of demeanour and countenance ; forbearance from sharp rebuke ; the occasional interposition of a soothing word, or of an idea that may divert the patient's thoughts ; are not only the most useful measures at the time, but make some impression on the lunatic himself. A few broken expressions, in the midst of his violent talk, will sometimes indicate, to those accustomed to analyze such vehement language, that he knows what is said to him, and in what manner it is said. His subsequent references to the intercourse often leave no doubt of it.

Again :—

For direct *mental* treatment there are few opportunities in any institution for the insane ; and fewer still in an institution principally filled with those who have received little mental cultivation. But for *indirect* mental treatment the opportunities are constant ; and *the materials exist in the general arrangements of the house*. To these may be added occasional short conversations, or single remarks calculated to make an impression. These are commonly remembered and meditated upon by such patients as they can alone with any propriety be addressed to. But conversations more prolonged, or any persevering attempts to make the patients reason, are generally useless, and now and then mischievous. The incapability of reasoning, and of acting reasonably, constitutes the malady ; and it cannot be forcibly overcome. When it begins to disappear, the patient is becoming convalescent, and *then his efforts may be assisted ; but the assistance should be tendered by delicate hands ; and to know when to desist is not less important than*

* See page 25.

to know how to begin. Patients often say, "I know what you say is right, and yet I can't think so;" or, "I know who you are, and yet I don't seem to know you;" or, "I wish to do like other people; what is the reason that I can't?" They will complain, with great sorrow, of having "horrid thoughts," and of a propensity, without the wish, to kill themselves or to hurt others. They sometimes, after recovery, confess that they knew those about them, but could not, with all their efforts, prevent themselves calling them by wrong names or abusing them. They will say that they knew, at the time when they were using abusive language, that it was wrong and unjust to do so, but that they could not help it. All this affords little hope of advantage from direct reasoning with the patients. The indirect methods of acting on the mind are, however, in constant operation; and *to their long-continued influence we must trust for the restoration of a condition of the brain and nervous system in which the language and actions may become subordinate to a well-regulated will.*

As Dr. Conolly's experience in his important undertaking became extended and confirmed, his confidence in the power of moral or mental treatment sensibly increased, and whereas in his earlier reports he regarded "seclusion" as the great sheet anchor of the non-restraint system, he resorted less commonly to its assistance in the later portion of his brilliant career at Hanwell. In proof of this assertion I need only place the two passages quoted below in contrast. The first is from the report dated October 1st, 1840, written after barely more than one year's experience at Hanwell; the second occurs in the report of October 1st, 1842, and the opinion expressed is therefore likely to be the riper of the two.

The resident physician dwells more minutely on seclusion, because he considers it as one of the most important of curative means, and as one of the *least objectionable* substitutes for every kind of restraint. *It is open to no objection which is not doubly applicable to restraint.* All the *possible evils of seclusion* were included among the innumerable evils of bodily coercion.

In the words printed in italics I think we may even thus early detect a misgiving in the mind of Dr. Conolly which afterwards induced him to record, with an obvious air of relief, in the report dated October 1st, 1842 :—

. . . . The resident physician believes that all the officers of asylums who are experienced in both methods of treatment have found, or will find, that the liberation of their patients from restraints has lessened the frequency of accidents, and diminished the anxieties and agitations of those having charge of them; so that even the various contrivances at first required for the prevention of evils and inconveniences formerly opposed by restraints, as *strong dresses, seclusions, and window-guards*, become less required.

It is interesting to notice that this man of progress, who two years before gloried in the disuse of coercion-chairs, leg-locks, and sleeves, but still employed, if he did not invent, stuffed gloves, is now rejoicing at the gradual discarding of the strong dresses he had himself described in laudatory terms, as we have seen, in his first report, and the "seclusions" he recommended only two years earlier as "one of the most important of curative means." It is important also to understand that what Dr.

Conolly described as seclusion was something essentially different from the seclusion of those retrograde superintendents who afterwards revived the practice he was gradually abandoning, and employed it almost as mischievously as the crude empiricists of five and forty years ago used restraint.* In the report of October 1st, 1841, the resident physician says "it must be remembered that the term is applied to the temporary confinement of a lunatic *in his own bedroom*." Padded rooms were in Dr. Conolly's time used for a different purpose, as nearly as possible that for which the Commissioners in Lunacy have of late years recommended their appropriation—namely, as the sleeping apartments of epileptics and patients prone to get out of bed and fall about. Against this contingency the cushioned walls are undoubtedly useful. It was only in "extreme cases" that a turbulent patient was placed in a padded room while Hanwell was under the superintendence of Dr. Conolly.

As collateral evidence that seclusion was essentially a temporary expedient, and that its disuse is the natural consequence of a thorough abandonment of the "restraint" system, I may quote the following from a letter dated November, 1846, in which the governors of Lincoln Lunatic Hospital replied in these terms to a complaint of the Commissioners that "there is no room where a violent patient can be *secluded*":—

If by seclusion the two visiting Commissioners mean "solitary confinement," it should be showed that such rooms previously existed, and have been intentionally abolished. *The violence of patients is now readily controlled by the watchfulness of attendants*, rendering solitary confinement totally unnecessary. The Lincoln Board prides itself upon *the abolition of seclusion as a means of control, considering this improvement as next in importance to the abolition of mechanical restraints*; requiring, indeed, like the former improvement, a liberal supply of attendants not distracted by other employments.

I think I am entitled to contend that the reform inaugurated by Dr. Conolly in 1839, and carried forward by that able and acute physician until it had acquired a momentum which seemed irresistible and promised to overcome all difficulties, has not been prosecuted with like vigour by his successors. In three months Dr. Conolly abolished every form of mechanical restraint throughout this vast asylum; in two years he had substituted for the system of coercion a discipline of confidence; in little more than five years he was able to report, "The non-restraint

* In proof of this assertion I may quote the following significant passage from the supplement to the twelfth report of the Commissioners (1859):—

"XXXII. Seclusion.—Seclusion is, to a certain extent, but *another mode of restraint, and is practised for the same reasons, and under the same conditions*. It is employed usually at the discretion of the nurses or attendants, and without the knowledge of the medical officer or master. No register of its employment or duration is kept, and cold, damp outhouses are used, in some cases, wherein to seclude the patients. As we have already mentioned, upon one occasion it was discovered that a patient had been confined in the 'dead-house' (the small room or cell where bodies are placed after death), to repress some temporary excitement."

system appears to be becoming gradually adopted in the greater number of asylums, public and private." Thirty years afterwards we are compelled to confess that there are scarcely more than half a dozen asylums in which the improvement commenced by Dr. Conolly has been so far developed that the temporary expedient, the crutch on which this reformer leaned when making his great preliminary effort, and to which, towards the close of his career, he clung less from need than habit, has been finally laid aside. That imprisonment is less objectionable than stripes and bonds, no one can doubt; but that the insane ought not to be punished at all, I think all practical alienists must sooner or later be convinced. I am aware that "seclusion" is not spoken of as *punishment*. The exclusion of sources of irritation, the protection of a sensitive or excited brain and nervous system from injury, of quick and violent temperaments from provocation, are offered as the hypotheses of "seclusion;" but the fact remains that the other "substitute for restraint"—"the chief of all"—"a constant and uniform application of all the resources of kindness and humanity, and a constant regard to the recovery obtainable in each case," has not been so wrought out in the practice of lunacy as to make the use of seclusion—except, as I have said, for purposes essentially remedial to physical disease—unnecessary, and to place morbid derangement of the mind (or disease of the body with mind symptoms) on the footing of a malady amenable to treatment upon physiological principles—at least, so far amenable, as the case may be curable and the conditions afford scope for cure.

The following extract from an address by Dr. Conolly, at the inauguration of a statue of Dr. Charlesworth, I reproduce from Sir James Clark's Memoir, already mentioned. Speaking of his visits to several institutions for the insane prior to assuming the superintendence of Hanwell, and the implements of restraint he found in all asylums generally, he says: "At Lincoln alone I found none of these things. I do not mean to say that I found a perfect system; but I found *watching and care substituted for mechanical restraints*. From Dr. Charlesworth's lips I afterwards heard an exposition of his views and principles; and I certainly left Lincoln with a hope—almost a determination—of carrying out those principles, which were, I knew, the real principles of Pinel and Samuel Tuke more fully developed. It was my privilege, and has been the happiness of my life, to effect this at Hanwell; and whilst I live I shall always be proud to acknowledge my debt to Lincoln. From September, 1839, to the present time, no hand or foot has been bound at Hanwell, by night or by day. In my first printed report of Hanwell, and on numerous subsequent occasions, my acknowledgments to Lincoln have been fully and gratefully expressed, and I repeat them now before the statue of Dr. Charlesworth, because but for what I saw at Lincoln I might never have thought of what it was afterwards in my power to effect on a larger scale at Hanwell." We have seen how Lincoln afterwards more "fully developed" the principle by abolishing "seclusion."

Sir James Clark, commenting upon the passage I have cited, observes: "It is evident from this speech, and from that which Dr. Conolly delivered

on the occasion of a presentation of a testimonial to him, that the safety and propriety of abandoning mechanical restraint in the treatment of the insane was not one of those accidental discoveries, which are occasionally made with little mental effort. On the contrary, it was the fruit of much careful observation and reflection ; and the experiment was persevered in amidst difficulties for many years, by a man of no ordinary sagacity, firmness of purpose, and benevolence of disposition. Such a man was Dr. Charlesworth, who may be truly called the father of the non-restraint treatment of the lunatic, which it was Dr. Conolly's work to complete and establish on an indestructible basis."

Dr. Conolly retired from the position of resident physician at Hanwell in 1844, under circumstances detailed in the seventieth report of the visiting justices, dated April 10, 1844, from which, as it relates to a critical period in the history of this asylum, I may reproduce the following :—

For some time past certain defects in the system of its government have become apparent, and the more apparent as the institution increased in magnitude. It was obvious to those who had had the experience of several years to guide them, that if a governing head was requisite in the medical department, still more was it necessary for regulating the general concerns of the establishment. Nor was it only as regards financial economy that such a controlling power was felt to be necessary. In a complicated machine, no one part can be disarranged without its affecting in a greater or less degree the whole ; and the paramount objects of the institution might at any time be weakened or disturbed by some defect in the means, though perhaps remote and indirect, which had been wisely provided to secure those objects.

If it be asked how it was that such a general superintending power was not given to the head of the medical department, the answer is, that such a combination of duties had been already tried, and had not been found to answer. For some years after the opening of the asylum, Sir William Ellis undertook the duties of general superintendent as well as physician ; and while the asylum contained a moderate number of patients, this was done without any inconvenience. But now that the building contains very nearly a thousand patients, and more than a hundred officers, attendants, and servants, such an arrangement would be found to be quite impracticable ; besides, the habits of life among medical men generally are not those which best fit them to look to the domestic details of a great establishment. To take them out of the path of their profession is to lessen the sphere of their utility, and to weaken its efficiency. . . .

While these difficulties were pressing themselves upon their serious consideration, it happened that Dr. Conolly mentioned at one of their meetings the position, somewhat of a peculiar kind, in which he was placed by his engagement with the visiting justices. The regulations required that he should give up the whole of his time to his duties in the asylum, to the exclusion of all private practice whatever ; and yet so powerful were the applications for his advice in cases of lunacy that a rigid adherence to this rule he found in his peculiar case to be altogether impracticable. The rule, then, must either be relaxed, or another physician must be appointed, or else a different arrangement must be made with Dr. Conolly. To the relaxing of the rule, by permitting him to visit private patients, there were many serious objections. The interests of the asylum might be compromised by such a permission ; nor would such a course be just towards the county, which might fairly claim the whole of his services for the salary and

emoluments which he enjoyed. Neither were they prepared to hazard the experiment, if it could possibly be avoided, of appointing another physician. The state of the asylum at that time would not, in their opinion, have justified it; they therefore acceded to the alternative of adopting other arrangements with Dr. Conolly, which might allow him to reside in the immediate neighbourhood, and yet insure his attendance on certain fixed days, and for such length of time as might be necessary for the exigencies of the asylum.

The committee proceed to explain that they were inclined to accede to this plan, as it would give them the opportunity of appointing a resident *lay* governor, to whom they might delegate the whole management, and who could in their absence be invested with full authority to act as their representative. The arrangement does not appear to have lasted long. In the seventy-third report, January 16, 1845, nine months later, I find this passage :—

After the retirement of the late governor, the visiting justices resolved to defer filling up the vacancy for a while, and to intrust the management of the asylum to the ability and experience of the principal officers, until they could determine which course for its future government it would be most advisable to adopt.

When Dr. Conolly resigned the post of resident physician, the committee allowed that office to lapse, leaving the *medical* work, as laymen define these matters, to the medical officers of the two departments. There have been many changes at Hanwell; we shall probably see more. What these may be I will not venture to predict; but that the existing arrangements cannot be permanent must, I think, be apparent to onlookers, if not to those actually concerned in administering a system in which the authority is conflicting because many-headed, and the power limited because dispersed.

I have already more than once incidentally taken exception to the action of the committee, and it will be necessary to strengthen rather than qualify the remarks incorporated with the report of *The Lancet* commission on the disastrous consequences of the position which the magistrates of Middlesex generally assume with regard to the care and treatment of the insane. It is only just, therefore, to recognize that they are not without some excuse for the presumption. It must be recorded, to the lasting credit of the Middlesex Board and the committee of justices charged with the organization and control of Hanwell, that they had the courage to support Dr. Conolly in his vast and costly reforms. It would be ungracious to inquire how far the course they took was forced upon them by the rising flood of public opinion and the rapidly growing power of the Metropolitan Commissioners. Suffice it to chronicle that the committee did sanction and loyally support the endeavours of the enlightened physician whose services they had the good fortune and honour to secure. Moreover, it appears from the reports of the asylum and those of the resident physician, that the committee, in 1839, took the initiative in recommending an improved diet for the inmates of Hanwell. This change alone entailed an addition to the weekly cost per patient of one shilling. The employment of a larger number of attendants when the non-restraint system

was introduced, in the last quarter of 1839, further augmented the expenditure to the extent of fivepence halfpenny per head.

Nevertheless, almost all the difficulties which arose, and the errors which were committed, in the original constitution or subsequent changes at Hanwell are distinctly traceable to the endeavour to save money by creating a huge establishment. There is a passage in the eleventh report of the Commissioners, dated March, 1857, which deals with this question generally.

It has always been the opinion of this Board that asylums beyond a certain size are objectionable. They forfeit the advantage which nothing can replace, whether in general management or the treatment of disease, of individual and responsible supervision. *To the cure or alleviation of insanity, few aids are so important as those which may be derived from vigilant observation of individual peculiarities*; but where the patients assembled are so numerous that no medical officer can bring them within the range of his personal examination and judgment, such opportunities are altogether lost, and, amid the workings of a great machine, *the physician as well as the patient loses his individuality*. When to this also is added, what experience has of late years shown, that the absence of a *single and undivided responsibility* is equally injurious to the general management, and that the rate of maintenance for patients in the larger buildings has a tendency to run higher than in buildings of a smaller size . . . it would seem as if the only tenable plea for erecting them ought to be abandoned. To the patients, undoubtedly, they bring no corresponding benefit. The more extended they are, the more abridged become their means of cure; and this, which should be the first object of an asylum, and by which alone any check can be given to the present gradual and steady increase in the number of pauper lunatics requiring accommodation, is unhappily no longer the leading characteristic of Colney Hatch or of Hanwell.* *Built originally at great cost, as hospitals for treatment and relief, they have been gradually in course of conversion into permanent places of refuge for a too large proportion of cases as to which the chances of relief are few*; and while such cases have accumulated in them, there has been an almost total exclusion of those, more recent, which by timely medical care therein might never have contributed, as they now so largely do, to the permanent burden on the ratepayers. The growing evil was remarked upon by the medical officer of Hanwell so long as twenty-three years ago; and out of the one thousand and nineteen patients in the same institution at the close of last year, in twenty-six only had the disorder been of less than one year's duration, and in seventeen of less than two.

When, therefore, in March and April of the past year, the committees of Colney Hatch and Hanwell submitted, through the Secretary of State, plans for enlargement of both asylums, *designed solely to provide for increased numbers without regard to the selection of cases*, we urged very strongly the reasons which existed

* "This asylum, when it contained from four to five hundred patients under the guidance of Sir William Ellis and of his excellent co-operating consort, was already too large. As the house became still more filled, the individualizing treatment, indispensable to every medical cure, but more than all to the physician of lunatics for a psychological and moral treatment, must have become more scarce and less frequently applied. . . this institution has furnished throughout a new illustration of the old truth, warning mankind not to enlarge asylums, as well as other establishments, beyond certain limits which are traced by the moral and physical powers of the individuals that have to guide and manage them."—*Extract of a letter from Dr. Julius, of Berlin, on the enlargement of Hanwell.* 1845.

against that proposition. The object being to provide accommodation for 713 additional patients at Colney Hatch, which would then contain nearly 2000 inmates; and for 600 at Hanwell, which would bring its total number up to 1620; the time had arrived to express plainly the opinion that the desirable limit in both institutions had already been exceeded, that an increase of size in either would be most prejudicial, and that no such proposal ought to be sanctioned. *The additional restriction which would thereby be placed upon the curative resources of both establishments* was a reason, if none other had existed, decisive against it. . . .

It became our duty, in these circumstances, to revert to the causes out of which the necessity for enlargement had arrived; and, as it had been by accumulation, in these costly asylums, of cases belonging rather to the incurable than the curable kind (and particularly of idiotic and demented cases), that the existing buildings had become inadequate to the objects which alone might justify the cost of their erection, we now pointed out that the proper remedy could only be found in separating, as far as possible, such cases of a harmless character from the more recent and more certainly curable.

Until June, 1852, Dr. Conolly acted as visiting physician to Hanwell Asylum, and controlled its discipline. He then finally withdrew.

The eighth report of the committee for 1852, dated January 18th, 1853, contains the following notification:—

With the most sincere regret your committee record the resignation of their distinguished, scientific, and philanthropic physician, Dr. Conolly, whose long-continued labours so materially promoted the early prosperity of the institution.

In his letter resigning the office of visiting physician, Dr. Conolly names the increasing number of private professional engagements as the cause. He was appointed consulting physician to the asylum June, 1852.

The following summary of Conolly's work, which appears in the report of Mr. Denne, the medical officer of the female department, for 1852, is significant, and not inaccurate. Dr. Conolly, "no less by his untiring zeal and energy than by his philanthropic disposition, has brought the life of the insane patient within comparison to those treated in hospitals for physical ailments alone." That this was a great and historic achievement—as it undoubtedly was—places the position in which Dr. Conolly found lunacy in a light at once humiliating and suggestive. The work of regeneration was not completed when he retired.

The history of the institution subsequent to this event is not remarkable. I do not think it would be unfair to say that a period of collapse succeeded the high tension of Dr. Conolly's active and progressive rule. It will scarcely appear wonderful that such should have been the case, when we reflect that he not only originated and carried out sweeping reforms, but that his measures were so far in advance of the time, and therefore dependent upon his personal ingenuity and address, that when he ceased to labour there was no one to take up the work and carry it to a further issue. Hitherto I have quoted chiefly from books out of print or inaccessible.*

* I am indebted to many friends for the opportunity of consulting works on this subject, and to Messrs. S. and B. Nock, book collectors, of 16, Bloomsbury Street, London, for facilities in examining volumes of considerable interest not to be found in the British Museum library, where they ought certainly to have been preserved.

I am unwilling to cite portions of a work so interesting and important in its way and so recent as the memoir of Dr. John Conolly by Sir James Clark. I cannot, however, refrain from reproducing the following extracts from a letter to Sir James by Dr. Hitchman, which sheds a flood of light on the secret of Conolly's successful management. It relates to the period after his resignation of the superintendence, and when he was visiting physician (page 40, *op. cit.*). Dr. Hitchman was a loyal disciple of Dr. Conolly.

Dr. Conolly visited the asylum twice a week, spending the greater portion of the day at each visit. His interest in the patients seemed never to flag. Even cases beyond all hope of recovery were still objects of his attention. He was always pleased to see them happy, and had a kind word for each. Simple things which vainer men with less wisdom would have disregarded, or looked upon as too insignificant for their notice, arrested Dr. Conolly's attention, and supplied matter for remark and commendation—*e.g.*, a face cleaner than usual, hair more carefully arranged, a neater cap, a new riband, clothes put on with greater neatness, and numerous little things of a like kind, enabled him to address his poor illiterate patients in gentle and loving accents, and thus woke up their feeble minds, caused their sad faces to gleam with a smile, even though transient, and made his visit to the wards to be longed for and appreciated.

Another passage and my pillage shall cease. Dr. Hitchman continues :—

I was not associated with the Doctor when he first introduced the non-restraint system; but the older attendants of the asylum, on both sides of the institution, spoke often to me of his ceaseless vigilance during the early years of that great experiment—*of his visiting the wards at all hours of the night, and frequently more than once, walking noiselessly along the corridors in slippers specially made for the purpose, thus keeping the "night attendants" to their duty, and ministering in various ways to the comfort of the restless, sleepless patients under his care.* He was, indeed, a noble enthusiast, in the best sense of the term.

Unfortunately, there have been few superintendents so nobly enthusiastic since; and, as I have said, the work has languished. There was no open retrogression at Hanwell, but it is difficult to believe there was any progress. Things went on very much in the humdrum way which might have been expected to succeed a period of energetic reform and reconstruction. Dr. Begley—of whom the committee, in their report dated January 12, 1846, say the visiting justices "were fortunate in their selection of Dr. Begley as an additional house surgeon on the male side. He continues to execute the trust with zeal and ability"—held office during the whole of Dr. Conolly's career at Hanwell, retained his position until 1872, when he retired with the grateful acknowledgments of the committee, after thirty-four years' service. Dr. Henry Rayner, previously assistant resident physician at Bethlem, the present medical superintendent of the male department, succeeded Dr. Begley. Dr. Conolly's last report was dated January 1, 1852.* From this period the superintendents of the two depart-

* Sir James Clark quotes from the twelfth report, dated 1850—not the eleventh (1849), as stated in the Memoir—which he describes as "the last one Dr. Conolly wrote." That to which I here allude was the fourteenth, and it bears date January 1, 1852.

ments speak for themselves—Dr. W. C. Begley as medical superintendent of the male patients; Mr. William Denne,* of the female. This last-mentioned gentleman was appointed on the retirement of Dr. Hitchman, who became medical superintendent of the Derbyshire Asylum in 1850. Mr. Denne resigned in 1854, being appointed medical superintendent of Bedford Asylum. Dr. W. H. O. Sankey succeeded him. Dr. J. M. Lindsay was appointed superintendent of the female department in 1864, and resigned in 1871, when Mr. J. Peeke Richards, first assistant medical officer, succeeded to the post, which he retains. Dr. Conolly had no official connection with the scene of his great labours and triumphs after 1852.

It is a signal proof of the unteachableness of committees in general, and lay committees controlling matters relating to the care and treatment of the insane in particular, that in 1853 the committee of Hanwell proposed to provide additional accommodation in their already overgrown and crowded asylum by the erection of a third story. This proposal was made in strange forgetfulness or disregard of the strongly expressed opinion of their late superintendent, to which we have alluded at page 91. The Commissioners very properly objected. The committee, in their report dated June 11, 1855, urge the sort of excuse for the suggestion in which individuals and corporations wilfully violating some known canon of policy commonly take refuge.

We cannot but admit that, as a general rule, an asylum ought not to contain more than 1000 patients; nor will we deny that, as a general rule, a two-storied building is preferable to one of three stories. But the case of the county of Middlesex is an *exceptional one*, and the erection of a third asylum is a vast and expensive evil.

Dr. Conolly's work on the construction and management of asylums had been published when this recommendation was made; his views were clearly before the committee. It was absurd to speak of the case as exceptional. At first sight the interpolation of this episode about the building may appear irrelevant. In point of fact it supplies the key-note to the medical and general situation at Hanwell. The *vis a fronte* of Dr. Conolly's progressive policy was lost. Little remained but the *vis a tergo* supplied by the Commissioners and other public authorities. There was abundant need of the utmost impulse remonstrance and entreaty could supply. Complaints began immediately to arise about the conduct of the attendants; and on the intervention of the Commissioners in Lunacy and the Secretary of State, a head attendant to supervise the subordinate officials was supplied. This, as we have just seen (page 120), was a point on which Dr. Conolly himself bestowed special thought and vigilance. In 1854 again, the Commissioners urged the appointment of a special night watch; and the measure recommended by Sir William Ellis, of allowing such patients as could be trusted, under proper supervision, to enjoy walks

* "Wm. Denne, Esq., M.R.C.S., and L.A.C., whose experience and character induced his selection, was appointed successor to Dr. Hitchman—entered on his duties at Michaelmas—and has already excited in the committee confidence and esteem."—*From the Sixth Report of the Committee of Visitors*, January, 1851.

beyond the asylum grounds, was revived. This also was done at the instigation of the Commissioners. When and how the healthful and wise practice Sir William Ellis in vain suggested,* and which was subsequently introduced with so much difficulty, fell into disuse does not appear.

Dr. W. H. O. Sankey became medical superintendent of the female department on the resignation of Mr. Denne, November, 1854. He entered keenly into his work, and his attention seems to have been at once, and not unreasonably, directed to the extent to which seclusion was employed "in an asylum such as Hanwell, in which the system of non-restraint has so long been practised." His inquiry was directed to the previous twelve months. The following is the result in his own words :—

I find that out of the 640 patients [he is speaking of the females only] who have been under treatment, it has been found necessary, during the past year, to seclude 82, on different occasions, for periods of longer or shorter duration.

Dr. Sankey appends a tabular statement of seclusions to his report. This, I believe, is the first voluntary record of the kind in the papers relating to Hanwell. It inaugurated a system much to be commended and in the highest degree useful to the profession, the public, and those specially engaged in the care of the insane.

Meanwhile, the proposal to enlarge the asylum was pressed by the committee, who more resolutely than ever asserted their ability to superintend and direct the whole management of the asylum, "even when largely increased" in size. In December, 1856, the Commissioners, while adhering to their opinion as to the inexpediency of the proposal, gave a tacit consent, and the two asylums for Middlesex were enlarged. The joint committee thus scored a victory over common prudence, and the Commissioners unfortunately yielded a point they had hitherto manfully defended on the ground of common sense.

About this time an effort seems to have been made to preserve room in the asylum for recent cases. The selection was found difficult, and, as the result in many instances showed, it was unsuccessful. The attempt was finally frustrated by the parochial authorities, who were, not unnaturally, more anxious to get rid of their cases than to facilitate the working of measures designed for their cure. The condition of the asylum as an hospital in 1856 may be inferred from an observation in Dr. Sankey's report upon that year :—

To give a proper cubical area to each patient throughout the female department of the asylum, in my opinion no less than 100 beds should be removed from the gross accommodation as it now stands.

Dr. Sankey's views on the subject of asylum management seem to have been clear, and they were forcibly expressed. After extolling certain improvements in the condition of the patients and the provisions for their comfort and amusement, he says :—

But besides these remedial appliances addressed to the mental organ, every detail in the general management of the house should be subservient to medical treatment, and be made conducive to the restoration of the bodily health of the patients.

* See page 97.

Drugs and chemicals are insignificant in effect without a proper regulation of diet, exercise, ventilation, clothing, and cleanliness. Unless the medical man can have free right to furnish these remedial agents, to regulate the temperature, the clothing, and the description of amusement and occupation, as well as the food and the physic, his office is nugatory, and efforts must be futile.

In the same report Dr. Sankey, who regards seclusion as a valuable remedy, nevertheless takes some credit for the circumstance that "the instances of seclusion during the past year amounted to 95, or *rather less than half the number of the previous year*, and the periods passed in seclusion were considerably less." It is interesting to note the gradual disuse of this temporary expedient by superintendents who have not been deterred from employing restraint by any feeling against it, but, on the contrary, regarded it with something like the satisfaction which might be supposed to arise from the remembrance that it was the only strong-looking measure public opinion, aroused by the exposure and abandonment of the restraint system, had left at their disposal. I do not assert, nor would I insinuate, that intelligent and high-principled men consciously appreciated the possession of power; but human nature is a mystery past even its own comprehension, and I cannot help thinking the retention of at least one mode of coercion, whereon the stigma of cruelty had not been openly fixed, was so far satisfactory that it would not be readily given up. Meanwhile, if my confessedly somewhat ungracious hypothesis is not wholly groundless, the greater credit attaches to those alienists who, like the present medical superintendents at Hanwell, are allowing the "remedy" to fall each year more distinctly into neglect, while they do not either banish it from the list of their resources against turbulent madness, or commit themselves to a strong opinion adverse to its use. There are two, and, as far as I can see, only two, methods of accounting for the gradual disuse of seclusion. Either the type of madness is changing, and excitable patients are becoming more manageable than such cases were twenty, fifteen, or even ten years ago—of which there is no sufficient evidence—or the system of asylum treatment generally is so much improved that the recourse to violent measures of repression is not required. Upon this last presumption, the anticipation of Dr. Conolly may be held to have been fulfilled. It was the essence of his theory that half the excitement coercion had been employed to control was directly caused by the attempt to overcome force with force. It is not improbable—indeed it is likely—that the considerate and gentle treatment a patient now receives on entering an asylum, so widely different from that which he would have encountered a few years ago, obviates the need of even such mild forms of restraint as imprisonment "in his own bedroom" when temporary excitement supervenes. The supremacy of moral influence is asserted at the outset, and, once established, the spell is not easily broken or a recourse to stronger measures required. I think this explanation of the lessening need for seclusion is more satisfactory than that based on the supposition that the type of disease has changed. This change of type is a sorry excuse at the best: it broke down miserably when introduced to account for the disuse of blood-letting. It will not explain the abandonment of seclusion, a shadow of the bad old practice

which grows less as the light of truth mounts above the horizon, and will, in process of time, pass finally away. In 1855 Dr. Sankey reported 82 patients who were at various times subjected to seclusion in 1854, out of a total number under treatment in the female department of 640. In January, 1856, he says :—

There are defects in the original construction of the building, and to remedy them a very large outlay of money would be necessary; *they account, nevertheless, for the large number of seclusions* which have again to be reported, on the female side of the asylum, during the past year—a number far exceeding that which is reported from other asylums of more modern construction; but large as the number still continues, and it is feared must of necessity continue, yet a considerable reduction in the frequency of seclusion has taken place during the past year. For while 82 patients were secluded at different times in 1854, 65 only have been in seclusion in 1855. The aggregate number of seclusions in 1854 was 689. During the past year the number has fallen to 265. . . . These facts will be rendered more evident by the following tabular arrangement, showing the principal points of interest connected with the subject of seclusion, as they occurred in 1843, 1848, 1854, 1855.

Year.	No. of patients secluded.	No. of seclusions.	Hours passed in seclusion.	Average time of seclusion of each patient.
1843	122	597	3'425	28 hours.
1848	92	643	2'649	28'47
1854	82	689	2'256	27'30
1855	65	265	1'369	21

Ten years later, in his report dated January 10, 1866, the then medical superintendent of the female department, Dr. J. Murray Lindsay, observes :—

Seclusion has been less frequent than before. 48 patients were secluded during the past year. The instances were 83; the longest period of seclusion was four hours and a half; 12 of the above 48 patients were epileptics, who were secluded on 22 occasions. During the first three months of 1864, 72 patients were secluded; the instances were 296. As compared with the past year, this shows a considerable diminution in the number secluded during 1865.

The same year (1866) Dr. Begley, the superintendent of the male department, reported :—

Forty-eight patients were secluded during the year [1865] for periods varying from five minutes to twelve hours. The instances of seclusion were 110, and the time so spent amounted to 183 hours and 55 minutes, being an average of one hour and about 40 minutes to each seclusion.

	Persons.	Instances.	h. m.
1865	48	110	183 55

In the report dated 1876 (for 1875), Mr. Peeke Richards, medical superintendent of the female department, reports—“*Only five patients secluded on seven occasions, and of these three were epileptics.*” The total duration of the seclusion was 9 hours and 40 minutes.” Dr. Rayner, the medical superintendent of the male department, says, “Seclusion, as in the two previous years, has been practically abandoned. The number of

persons secluded, the number of seclusions, and the total duration in each of the last three years, are as follows :—

	Persons.	Instances.	h.	m.
1873	11	17	47	45
1874	7	10	42	40
1875	3	3	1	25

The following points of interest may be noted as bearing upon the condition of the asylum, the services rendered by it to the county, and the domestic and general conduct of its affairs, during the period of ten years to which *The Lancet* report relates.

Considerable pressure for accommodation on the female side in the year 1864 necessitated the appropriation of vacant space in the male division. The Commissioners urged an increase of the medical staff in the female department, but this the committee resisted. The argument by which the recommendation was met is significant as showing the mistaken view which prevails as to what *medical* treatment in an asylum really means :—

It must be obvious to those who superintend great pauper lunatic asylums like that at Hanwell, there always are many cases of a character and description which usually require little more than the *general supervision* of the medical officers. Having called upon the medical superintendent for a return of the average number of patients on the female side *under medical treatment* during the last six months, the committee have found that number to be *somewhat less than one hundred*, including therein bedridden or paralyzed, and a large number either in bed or having extra diet and stimulants.

This is the stereotyped Poor-law notion of medical aid. Lunatics are not regarded as patients under medical treatment *for their insanity*. They are mad people, to be kept in safe custody and, when they happen to *fall sick*, placed under medical treatment. In a word, the mental malady is not the disease, although it may predispose to sickness. Against this fatal misconception it is the duty of the medical profession to contend, and the only and rational way of proceeding is to insist that the mind symptoms which have been erroneously classed and spoken of as “mental diseases” are, in point of fact, only a particular class of effects arbitrarily separated from their causes, and having no independent existence. It is by thus restoring to their legitimate place the materials improperly collected to build up a *specialty* that the true position and needs of insanity can be successfully asserted. Lay committees, who regard the insane as a class of the population affected with some strange mental peculiarity which calls for their confinement but is not disease, are among the great obstacles to scientific progress. It is to be regretted that medical superintendents should recognize the false description and endorse the error by making a return of patients “under medical treatment.” Every inmate of an asylum is under medical treatment, or ought to be : otherwise the case should not occupy space in an institution professedly maintained to cure insanity.

The devices to which an asylum committee declining or neglecting to

provide a detached hospital block for use when an epidemic occurs is compelled to have recourse, may be illustrated by a passage from the report for 1864. The threatening malady was small-pox.

When the first case was discovered, on the 7th December, immediate steps were taken for the occupation of two rooms over the lodge gateway, *entirely isolated and at a considerable distance*, and to these rooms each person was removed as the occasion arose, *so as to keep the wards and the main building entirely free*, as far as possible, from the danger of infection. Arrangements were also made to accommodate a larger number than these rooms could hold, should the necessity arise, by temporarily appropriating and isolating *one part of a male ward entirely unoccupied*. At the same time it was ordered that an iron building, also entirely isolated, should be erected and fitted up at an expense not exceeding £200, and capable of receiving 20 female patients, with their nurses. The court will, no doubt, approve of the steps thus taken to prevent the spread of *so dangerous and so highly infectious a disease*.

When the epidemic had already commenced, and the germs of disease were disseminated, the committee had to cast about for means of isolation. The first recourse in the emergency was the removal of infected cases to a "considerable distance;" the second, the temporary use of "one part of a male ward" which happened to be "unoccupied"! As the danger increased, the efficiency of measures adopted for protection would be diminished. It is unaccountable that a body of intelligent men should not have learned wisdom by the experience. It is only fair to record that in their report for 1866, and subsequently, the committee pressed the supply of this grave necessity upon the Middlesex Board, but without avail. There is still no detached hospital at Hanwell.

The demand for increased accommodation in the asylum has been repeatedly under discussion. I cannot say that the manner in which that and other questions raised by the Commissioners have been entertained by the committee strikes me as either discreet or perfectly outspoken. There seems to have been at Hanwell, as elsewhere, a disposition to play with the advice tendered by the Board, if not to treat it with supercilious contempt. Possibly this sort of treatment must be expected until the Commissioners are empowered with the authority needful to enforce their counsels; a power which, in the interests of the public health and welfare, they must sooner or later receive. It is difficult to avoid a strong feeling of surprise and dissatisfaction as year after year the official entries in the visitors' book are seen to enjoin the same urgent recommendations. A formal note by the committee generally traverses the advice tendered more or less courteously, but the wisdom of every judgment expressed by the visiting justices is asserted in a manner that, to an onlooker at least, implies scant deference. Some of these "minutes" are so worded that her Majesty's justices forming the committee need scarcely have troubled themselves to spread the thinnest veil in the world over the wish that the Commissioners could leave them to attend to what was their own business. I venture to think most readers will agree with me that this is not how gentlemen tricked out in a little brief authority should treat the recommendations of

a Commission appointed, in pursuance of Statute, to protect the insane against official parsimony and ignorance.

The dietary of this asylum—which will be discussed at length, with that of other institutions, in the chapter on the subject—has been greatly improved, and for this reform the committee take and deserve considerable credit. From the outset it has been a matter upon which the visiting justices bestowed especial attention; and while, in respect to other improvements—notably that so tardily and inadequately effected in the clothing of the inmates, particularly on the male side—the committee have only been induced to move under strong pressure from the Commissioners, in respect to the food of the patients they have taken the initiative.* It is interesting to notice, also, that they have recognized the wisdom of “varying the monotony,” a point too commonly overlooked. That the changes made were not invariably judicious is apparent, as, for example, that effected in 1871; but as the general improvement which has taken place appears to have been voluntary, it is commendable and deserves to be appreciated. It is impossible to admit that a lay committee has any ground or qualification for the task of forming a judgment on a point of this nature; but it is pleasant to see a board, officially jealous of all expenditure, taking the first step in any reform contributing to the welfare of those confided to its care.

In 1872 Hanwell entered upon a new era, which at the outset gave unmistakable signs of vitality and progress. That promise happily holds good. Mr. Peeke Richards and Dr. Rayner are in earnest, and manifestly entitled to the confidence of the profession in their endeavours to reclaim for this asylum its place in the front rank of institutions ably conducted and, so far as the incurable evils and errors of construction will admit, fulfilling the purposes and discharging the functions of hospitals for the insane. It is impossible to qualify the opinion expressed in the report; Hanwell is “conspicuously unsuitable” for the uses to which it is applied, and nothing can redeem its impracticable character. Meanwhile all that can be done will be accomplished. The present medical superintendents clearly take a sensible and strong view of the situation, medical, domestic, and sanatory. They are prudent and practical men, versed in the routine duties of asylum life and business, and professionally interested in the progress of their work. That the more scientific phase of the subject and treatment of lunacy will receive ample attention from Dr. Rayner, I am convinced; that the organization and domestic *régime* will be carried to a high degree of efficiency under Mr. Peeke Richards is equally obvious. I wish it were possible to add that these two complementary faculties indispensable to the entire success of an institution of this nature would be combined. That, however, is impossible. Mr. Peeke Richards is the medical superintendent of the female department, while Dr. Rayner holds the same office in the male division of the asylum. The committee superintend the *whole*. How long this anomalous state of matters will be perpetuated it is impossible to predict. Meanwhile the committee of

* See page 117.

Hanwell Asylum will do well to remember that its legitimate business is with the finances of that establishment, and the province of its administrative action is bounded by the terms of its constitution as a committee of *visitors*. To overlook, to inspect, to criticize, to endorse are the duties of such a committee—not to execute. So much sagacity has been shown by “the committee” of Hanwell in times past, so much courage and wisdom was displayed by that body on the occasion of the great experiment Dr. Conolly was permitted to carry out within these walls, that it is impossible not to feel some confidence that the same support will be accorded to medical superintendents who, if they could only be so placed as to work together instead of apart, might well revive the old prestige, and carry the too long languishing work of medical reform forward to even greater and more glorious triumphs. That the finger of promise and progress points to a bright future for this institution, around which cling so many encouraging memories, no recent visitor, I think, can doubt—but entire reconstruction must sooner or later intervene.

RESULTS.

The figures in the annexed table are compiled and arranged as were those in the previous report. They speak for themselves. The cases deemed curable—by the medical superintendents for the time being to which the numbers relate—have borne a proportion of 30·31 per cent. to the total of admissions, taking the aggregates of the ten years, not the mean. The average proportion per cent. of cures to cases “deemed curable,” adding the number of such cases remaining at the close of one year to those admitted in the course of the next, has been 58·66. Our reasons for attaching more weight to this calculation than to that which compares the “recoveries” with the “admissions,” without regard to the proportion of cases “deemed curable” among the latter, were stated in the last report.* The average proportion per cent. of cures to admissions has been 31·87; of deaths to admissions, 46·29. General paralysis accounts for 426 out of the 1683 deaths, or 25·31 per cent. on the gross total of the ten years.

The following passages are from the Report of the Metropolitan Commissioners, 1843-4:—“In 213 admissions into Hanwell Asylum 32 cases of general paralysis.” “Numbers in the home, 975. Epileptics: males, 80; females, 63”—total, 143. These figures would show G.P. 15·02 on admissions; epilepsy, 14·67 on numbers resident in 1843.

* See note on columns VII. and VIII., pages 71-2.

STATISTICAL TABLES.

The following tables have been compiled from the asylum reports and the returns made, first to the Metropolitan, and afterwards to the general Board of Commissioners in Lunacy. The forty-four years during which the Middlesex Asylum at Hanwell has been in operation are set out in three successive tables, showing "Statistics of Asylum Population." The first (pages 130-1), comprises the years 1831 to 1849, inclusive; the second (pages 134-5), 1850 to 1864; the third (pages 138-9), include the ten years to which *The Lancet* inquiry specifically related—1865 to 1874. Pages 132, 133, 136, 137, 140, and 141 are occupied with the "Comparative Table of Facts" and "Comparative Table of Results" relating to each period.

The columns placed in juxtaposition with those for the particular asylum, and intended to supply standards of comparison, have been computed from the returns for similar, that is, County and Borough, asylums. In carrying back these columns as far as possible, it was found that many had to be dropped for want of data at a very recent period. It is possible there may be materials to fill some of the blanks. If that be so, I have been unable to find them. The proportions of the sexes, and percentages given in these columns for the years 1831-38, have been derived from the returns of eight asylums, representing, as fairly and fully as possible, the condition of matters in the country generally during the period named. The asylums chosen were those of Bedford, Dorset, Kent, Lancaster, Middlesex (Hanwell), Norfolk, Suffolk, and York (West Riding). The calculations shown are based upon the totals of admissions, recoveries, and deaths, from the opening of each asylum to the close of 1838. The same particulars for the years 1839 to 1843, inclusive, are deduced from the annual returns. For the year 1854, and subsequently, the totals given in the Commissioners' reports have been adopted as the bases of computation.

The explanatory remarks on the several columns will be found appended to the tables of Brookwood Asylum, pages 70-73, and need not be repeated.

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, HANWELL.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femls.	Total.		Deemed curable on admission.	Transferred from other asylums.				Re-lapsed cases re-admitted.	Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1831*	136	159	295	...	...	...	295	200	...	12	8	20	...	...	...	...
1832	188	234	422	...	...	19	676	427	...	29	35	64	9	...	19	...
1833	90	113	203	...	...	4	699	537	...	26	33	59	23	...	15	...
1834	70	52	122	...	...	13	680	564	320	23	25	48	18	...	22	...
1835	78	63	141	...	...	33	708	580	380	15	13	28	6	...	6	...
1836	67	46	113	...	...	34	717	611	431	18	19	37	7	...	4	...
1837	36	27	63	...	...	8	673	608	438	14	13	27	3	...	6	...
1838	139	186	325	...	...	...	918	692	492	17	16	33	...	...	...	...
1839	123	95	218	...	...	14	1009	803	498	49	39	88	...	...	...	...
1840	100	51	151	...	...	20	985	849	528	30	22	52	26	12	19	2
1841	102	122	224	...	...	15	1082	899	524	30	17	47	24	14	9	2
1842	92	91	183	...	...	17	1111	949	621	32	31	63	16	21	8	1
1843	74	86	160	...	...	11	1107	980	557	25	22	47	21	16	9	3
1844	61	57	118	...	...	11	1100	983	493	15	23	38	20	8	5	1
1845	56	48	104	...	...	9	1092	984	470	11	16	27	16	8	6	4
1846	59	36	95	...	...	5	1079	977	491	12	9	21	12	5	2	...
1847	56	44	100	...	...	9	1072	973	532	18	22	40	25	8	5	1
1848	64	41	105	...	...	9	1076	967	549	12	17	29	16	3	7	...
1849	67	46	113	...	...	11	1076	961	562	18	15	33	22	6	3	...
Gross number as proportion.	1658	1597	3255	...	...	242	3255	...	...	406	395	801	...	...	...	...
Average number as proportion.	87'3	84'0	171'3	...	...	14'2	903	765	493	21'4	20'8	42'2	...	...	...	...

Abstract of the above particulars for the

Gross, &c.	484	558	1042	...	...	36	1042	...	...	90	101	191	...	...	...	...
Average, &c.	121'0	139'5	260'5	...	...	12'0	588	432	...	22'5	25'3	47'8	...	...	...	...

Abstract of the above particulars for the

Gross, &c.	443	417	860	...	...	89	1427	...	...	113	100	213	...	...	...	...
Average, &c.	88'6	83'4	172'0	...	...	17'8	805	659	448	22'6	20'0	42'6	...	...	...	...

Abstract of the above particulars for the

Gross, &c.	429	407	836	...	...	74	1670	...	...	132	115	247	107	71	50	9
Average, &c.	85'8	81'4	167'2	...	...	14'8	1077	932	545	26'4	23'0	49'4	21'4	14'2	10'0	1'8

Abstract of the above particulars for the

Gross, &c.	302	215	517	...	...	43	1505	...	...	71	79	150	91	30	23	5
Average, &c.	60'4	43'0	103'4	...	...	8'6	1079	972	521	14'2	15'8	30'0	18'2	6'0	4'6	1'0

* Opened 16th May, 1831.

STATISTICS OF ASYLUM POPULATION, HANWELL.

DISCHARGED.													CASES REMAINING ON DECEMBER 31ST.				Year.
Dis- charged or Im- proved.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total num- ber.	Deemed curable.	Proportion per cent. of cases deemed curable on Total number remain- ing.	Proportion per cent. of cases deemed curable in C. & B. asylums generally.		
	Males.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Para- lysis.	Epi- lepsy.	Pul- monary Phthi- sis.	Suicide or Acci- dent.						
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.		
...	13	8	21	...	...	...	...	...	...	...	...	254	...	...	...	1831
16	46	53	99	...	...	...	...	...	...	...	...	496	...	...	...	1832
5	46	31	77	...	...	...	...	...	...	...	...	558	...	...	...	1833
6	35	23	58	...	...	...	...	...	...	...	...	567	...	...	...	1834
4	45	26	71	...	...	...	...	...	...	...	...	604	...	...	...	1835
4	43	22	65	...	...	...	...	...	...	...	...	610	...	...	...	1836
4	24	24	48	...	...	...	...	...	...	...	...	593	...	...	...	1837
5	51	38	89	...	...	...	...	...	...	...	...	791	...	...	...	1838
9	45	33	78	...	...	...	...	...	...	...	...	834	...	...	...	1839
9	38	28	66	5	4	14	7	16	6	10	1	858	...	...	...	1840
20	36	50	86	26	10	11	9	5	5	13	2	928	...	...	...	1841
7	45	45	90	16	9	21	12	18	7	15	...	947	...	...	...	1842
19	28	33	61	10	5	11	10	15	5	6	1	982	...	...	...	1843
12	40	28	68	10	10	7	9	16	5	5	...	988	...	...	...	1844
10	38	27	65	15	6	4	11	16	3	13	...	984	...	...	...	1845
13	49	24	73	11	9	8	7	22	5	17	2	972	...	...	...	1846
2	38	21	59	5	8	6	6	12	5	13	2	971	...	...	...	1847
7	52	25	77	12	11	6	4	21	2	8	2	963	...	...	...	1848
11	36	33	69	10	6	8	6	14	2	7	...	963	...	...	...	1849
163	748	572	1320	...	...	...	...	...	...	...	...	...	...	...	...	Gross number of proportion
9'1	39'4	30'1	69'5	...	...	...	...	...	...	...	...	782	...	...	...	Average number of proportion
four years 1831 to 1834 inclusive.																	
27	140	115	255	...	...	...	...	...	...	...	...	...	...	...	...	Gross, &c.
9'0	35'0	28'8	63'8	...	...	...	...	...	...	...	...	469	...	...	...	Average, &c.
five years 1835 to 1839 inclusive.																	
26	208	143	351	...	...	...	...	...	...	...	...	...	...	...	...	Gross, &c.
5'2	41'6	28'6	70'2	...	...	...	...	...	...	...	...	686	...	...	...	Average, &c.
five years 1840 to 1844 inclusive.																	
67	187	184	371	67	38	64	47	70	28	49	4	...	...	...	...	Gross, &c.
13'4	37'4	36'8	74'2	13'4	7'6	12'8	9'4	14'0	5'6	9'8	0'8	941	...	...	...	Average, &c.
five years 1845 to 1849 inclusive.																	
43	213	130	343	53	40	32	34	85	17	58	6	...	...	...	...	Gross, &c.
8'6	42'6	26'0	68'6	10'6	8'0	6'4	6'8	17'0	3'4	11'6	1'2	971	...	...	...	Average, &c.

COMPARATIVE TABLE OF FACTS, HANWELL.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
	Males.	Femls.	Males.	Femls.		Males.	Femls.	Males.	Femls.		Males.	Femls.	Males.	Femls.		
1831	46'10	53'90	51'60	48'40	...	60'00	40'00	49'94	50'06	...	61'90	38'10	57'86	42'14	...	...
1832	44'55	55'45			...	45'31	54'69			...	46'46	53'54			...	...
1833	44'33	55'67			...	44'07	55'93			...	39'74	40'26			...	...
1834	57'38	42'62			...	47'92	52'08			...	60'34	39'66			...	...
1835	55'32	44'68			...	53'57	46'43			...	63'38	36'62			...	...
1836	59'29	40'71			...	48'65	51'35			...	66'15	33'85			...	...
1837	57'14	42'86			...	51'85	48'15			...	50'00	50'00			...	...
1838	42'77	57'23			...	51'52	48'48			...	57'30	42'70			...	...
1839	56'42	43'58	50'89	49'11	...	55'68	44'32	52'38	47'62	...	57'69	42'31	55'56	44'44	...	...
1840	66'23	33'77	55'44	44'56	36'5	57'69	42'31	50'58	49'42	37'0	57'58	42'42	55'35	44'65	44'5	...
1841	45'54	54'46	49'81	50'19	37'6	63'83	36'17	48'69	51'31	37'6	41'86	58'14	57'59	42'41	42'1	...
1842	50'27	49'73	48'18	51'82	38'3	50'79	49'21	48'49	51'51	40'0	50'00	50'00	54'87	45'13	44'5	...
1843	46'25	53'75	49'62	50'38	36'8	53'19	46'81	46'42	53'58	42'2	45'90	54'10	54'03	45'97	44'7	...
1844	51'69	48'31	...	...	38'8	39'47	60'53	...	...	30'1	58'82	41'18	...	...	49'5	...
1845	53'85	46'15	...	...	36'2	40'74	59'26	...	...	37'0	58'46	41'54	...	...	44'1	...
1846	62'11	37'89	...	...	39'1	57'14	42'86	...	...	35'5	67'12	32'88	...	...	44'3	...
1847	56'00	44'00	...	...	30'3	45'00	55'00	...	...	40'1	64'41	35'59	...	...	46'1	...
1848	60'95	39'05	...	...	38'9	41'38	58'62	...	...	40'9	67'53	32'47	...	...	47'9	...
1849	59'29	40'71	46'47	53'53	38'9	54'55	45'45	40'00	60'00	35'6	52'17	47'83	51'42	48'58	52'5	...
Gross number or proportion	50'94	49'06	51'07	48'93	...	50'69	49'31	49'19	50'81	..	56'67	43'33	56'58	43'42	...	...
Average number or proportion	53'45	46'55	50'29	49'71	...	50'65	49'35	48'07	51'93	...	57'20	42'80	55'24	44'76	...	...

Abstract of the above particulars for the four years 1831 to 1834 inclusive.

Gross, &c.	46'45	53'55	51'55	48'45	...	47'12	52'88	50'13	49'87	...	54'90	45'10	57'68	42'32	...	...
Average, &c.	48'09	51'91	51'25	48'75	...	49'33	50'67	51'16	48'84	...	57'11	42'89	56'71	43'29	...	...

Abstract of the above particulars for the five years 1835 to 1839 inclusive.

Gross, &c.	51'51	48'49	51'55	48'45	...	53'05	46'95	50'13	49'87	...	59'26	40'74	57'68	42'32	...	...
Average, &c.	54'19	45'81	51'25	48'75	...	52'25	47'75	51'16	48'84	...	58'90	41'10	56'71	43'29	...	...

Abstract of the above particulars for the five years 1840 to 1844 inclusive.

Gross, &c.	51'32	48'68	50'71	49'29	...	53'44	46'56	48'53	51'47	...	50'40	49'60	55'45	44'55	...	...
Average, &c.	52'00	48'00	50'76	49'24	37'6	52'99	47'01	48'55	51'45	37'4	50'83	49'17	55'46	44'54	45'1	...

Abstract of the above particulars for the five years 1845 to 1849 inclusive.

Gross, &c.	58'41	41'59	...	...	...	47'33	52'67	...	...	...	62'10	37'90	...	...	...	...
Average, &c.	58'44	41'56	...	...	38'5	47'76	52'24	...	...	37'8	61'94	38'06	...	...	47'0	...

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, HANWELL.

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.	Proportion per cent. on cases admitted in County and Borough asylums generally.
1831	6'78		6'78	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1832	15'17		9'47	...	14'99	...	...	...	...	...	23'46		7'12	...	10'30	...
1833	29'06		8'44	...	10'99	...	...	...	...	...	37'93		14'64	...	23'19	...
1834	39'34		7'06	...	8'51	14'01	...	...	...	...	47'54		11'02	...	14'34	...
1835	19'86	37'51	3'95	...	4'83	13'24	...	...	...	...	50'35	32'21	10'03	...	12'24	14'09
1836	32'74		5'16	...	6'06	12'93	...	...	...	...	57'52		9'07	...	10'64	14'58
1837	42'86		4'01	...	4'44	13'55	...	...	...	...	76'19		7'13	...	7'80	16'37
1838	10'15		3'59	...	4'77	13'67	...	...	...	...	27'38		9'69	...	12'86	12'96
1839	40'37	42'25	8'72	...	10'96	14'81	...	15'91	27'45	35'78	36'21	7'73	...	9'71	12'70	...
1840	34'44	43'29	5'28	...	6'12	13'60	...	...	38'46	26'32	43'71	34'30	6'70	...	7'77	10'78
1841	20'98	34'01	4'34	...	5'23	10'26	...	...	31'01	28'84	38'39	40'25	7'95	...	9'57	12'14
1842	34'43	37'61	5'67	...	6'64	10'85	...	...	26'98	29'77	49'18	38'74	8'10	...	9'48	11'18
1843	29'38	37'49	4'25	...	4'80	12'23	...	...	23'40	22'06	38'13	35'98	5'51	...	6'22	11'74
1844	32'20	...	3'45	...	3'87	...	...	...	28'95	...	57'63	...	6'18	...	6'92	...
1845	25'96	...	2'47	...	2'74	...	...	...	37'03	...	62'50	...	5'95	...	6'61	...
1846	22'11	...	1'95	...	2'15	...	...	...	23'81	...	76'84	...	6'77	...	7'47	...
1847	40'00	...	3'73	...	4'11	...	...	...	22'50	...	59'00	...	5'50	...	6'06	...
1848	27'62	...	2'70	...	3'00	...	...	...	31'03	...	73'33	...	7'16	...	7'96	...
1849	29'20	37'25	3'07	...	3'43	10'52	...	...	33'33	...	61'06	55'10	6'41	...	7'18	15'56
Gross, &c.	24'61	37'85	24'61	...	...	...	...	...	...	...	40'55	34'06	40'55	...	...	...
Average, &c.	28'03	38'49	4'95	...	6'19	12'70	...	...	...	...	48'58	38'97	7'96	...	9'84	13'32
Abstract of the above particulars for the four years 1831 to 1834 inclusive.																
Gross, &c.	18'33	37'84	18'33	...	...	...	...	...	...	...	24'47	32'49	24'47	...	...	...
Average, &c.	22'59	39'88	7'94	...	11'12	...	...	...	...	...	29'01	34'21	10'33	...	14'58	...
Abstract of the above particulars for the five years 1835 to 1839 inclusive.																
Gross, &c.	24'77	37'84	14'93	...	...	...	...	...	...	...	40'81	32'49	24'60	...	...	...
Average, &c.	29'20	39'88	5'09	...	6'21	13'64	...	...	...	...	49'44	34'21	8'73	...	10'67	14'14
Abstract of the above particulars for the five years 1840 to 1844 inclusive.																
Gross, &c.	29'55	38'08	14'79	...	...	...	...	...	29'96	26'49	44'38	37'26	22'22	...	...	...
Average, &c.	30'29	38'10	4'60	...	5'33	11'74	...	...	29'94	26'75	45'41	37'32	6'89	...	7'99	11'46
Abstract of the above particulars for the five years 1845 to 1849 inclusive.																
Gross, &c.	29'01	...	9'97	...	...	...	...	...	28'67	...	66'34	...	22'79	...	...	...
Average, &c.	28'98	...	2'78	...	3'09	...	...	...	29'34	...	66'55	...	6'36	...	7'06	...

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapse cases readmitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.]

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, HANWELL (Continued).

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES . . .							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femls.	Total.		Deemed curable on admission.	Transferred from other asylums.				Re-lapsed cases re-admitted.	Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1850	74	50	124	...	...	7	1087	962	566	25	22	47	23	9	7	4
1851	88	102	190	...	...	8	1148	959	569	13	14	27	13	6	1	2
1852	57	63	120	...	...	4	1081	962	573	14	29	43	18	11	10	1
1853	64	63	127	...	...	4	1090	968	575	17	26	43	23	13	2	1
1854	87	82	169	...	...	9	1137	979	609	16	14	30	12	12	3	1
1855	73	78	151	...	...	8	1164	1017	638	16	21	37	20	11	4	2
1856	80	60	140	...	...	6	1159	1020	672	25	22	47	26	12	7	...
1857	57	81	138	...	...	7	1161	1033	652	23	32	55	26	14	10	5
1858	55	60	115	80	...	10	1138	1034	643	25	20	45	18	17	3	3	
1859	81	114	195	55	...	8	1199	1021	648	20	22	42	23	6	5	4	
1860	175	357	532	36	...	25	1599	1181	718	18	39	57	30	22	...	2	
1861	155	246	401	119	...	25	1728	1391	702	26	59	85	37	31	10	2	
1862	171	217	388	129	...	24	1834	1473	800	37	79	116	55	28	23	5	
1863	165	260	425	141	...	32	1927	1559	810	38	85	123	58	35	19	7	
1864	169	185	354	129	...	31	1955	1609	654	47	75	122	59	53	4	2	
Gross number or proportion.	1551	2018	3569	...	...	208	4532	...	...	360	559	919	441	280	108	41
Average number or proportion.	103'4	134'5	237'9	...	...	13'9	1365	1145	655	24'0	37'3	61'3	29'4	18'7	7'2	2'7

Abstract of the above particulars for the

Gross, &c.	370	360	730	...	...	32	1693	...	...	85	105	190	89	51	23	9
Average, &c.	74'0	72'0	146'0	...	...	6'4	1109	966	578	17'0	21'0	38'0	17'8	10'2	4'6	1'8

Abstract of the above particulars for the

Gross, &c.	346	393	739	...	...	39	1752	...	...	109	117	226	113	60	29	14
Average, &c.	69'2	78'6	147'8	...	...	7'8	1164	1025	651	21'8	23'4	45'2	22'6	12'0	5'8	2'8

Abstract of the above particulars for the

Gross, &c.	835	1265	2100	554	...	137	3167	...	...	166	337	503	239	169	56	18
Average, &c.	167'0	253'0	420'0	110'8	...	27'4	1809	1443	737	33'2	67'4	100'6	47'8	33'8	11'2	3'6

STATISTICS OF ASYLUM POPULATION, HANWELL (Continued).

DISCHARGED.													CASES REMAINING ON DECEMBER 31ST.				Year.
DIS- CHARGED OR RE- IMPROVED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total num- ber.	Deemed curable.	Proportion per cent. of cases deemed curable on Total number remain- ing.	Proportion per cent. of cases deemed curable in C. & B. Asylum generally.		
	Males.	Femals.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Para- lysis.	Epi- lepsy.	Pul- monary Phthi- sis.	Suicide or Ac- cident.						
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.		
18	39	25	64	16	3	6	1	11	3	12	4	958	...	...	...	1850
107	24	29	53	8	9	1	3	9	2	12	...	961	...	...	...	1851
24	29	22	51	12	12	6	3	6	1	10	3	963	...	...	...	1852
11	45	23	68	14	8	14	4	20	2	3	1	968	...	...	...	1853
13	41	40	81	28	10	5	4	13	2	8	1	1013	...	...	...	1854
13	50	45	95	24	9	10	7	9	1	11	4	1019	...	...	...	1855
17	37	35	72	19	7	7	3	15	3	5	1	1023	60	5'87	14'38	1856	
24	29	31	60	13	4	4	7	10	2	7	1	1023	(?)	0'88	12'09	1857	
19	38	32	70	18	5	4	6	15	...	11	1	1004	44	4'38	10'56	1858	
27	34	29	63	10	6	13	4	14	1	9	3	1067	57	5'34	11'20	1859	
103	58	54	112	53	13	6	2	20	4	6	2	1327	36	2'71	10'03	1860	
56	65	76	141	41	35	19	5	35	3	16	6	1446	70	4'84	11'26	1861	
51	71	94	165	52	19	40	12	32	13	14	4	1502	83	5'53	10'26	1862	
56	72	75	147	66	11	16	31	35	8	13	1	1601	101	6'31	9'80	1863	
46	103	100	203	66	21	32	17	57	10	41	2	1584	108	6'82	10'97	1864	
585	735	710	1445	440	172	183	109	301	55	178	34	...	...	...	...	Gross number or proportion
39'0	49'0	47'3	96'3	29'3	11'5	12'2	7'3	20'1	3'7	11'9	2'3	1164	69'9	...	...	Average number or proportion

five years 1850 to 1854 inclusive.

173	178	139	317	78	42	32	15	59	10	45	9	...	...	...	...	Gross, &c.
34'6	35'6	27'8	63'4	15'6	8'4	6'4	3'0	11'8	2'0	9'0	1'8	973	...	...	...	Average, &c.

five years 1855 to 1859 inclusive.

100	188	172	360	84	31	38	27	63	7	43	10	...	...	...	...	Gross, &c.
20'0	37'6	34'4	72'0	16'8	6'2	7'6	5'4	12'6	1'4	8'6	2'0	1027	53'7	4'12	12'06	Average, &c.

five years 1860 to 1864 inclusive.

312	369	399	768	278	99	113	67	179	38	90	15	...	...	...	...	Gross, &c.
62'4	73'8	79'8	153'6	55'6	19'8	22'6	13'4	35'8	7'6	18'0	3'0	1492	79'6	5'24	10'46	Average, &c.

COMPARATIVE TABLE OF FACTS, HANWELL (Continued).

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				AGE.	SEX.				AGE.	SEX.				AGE.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.			
1850	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1851	59'68	40'32	49'90	50'10	39'5	53'19	46'81	48'14	51'86	43'5	60'94	39'06	52'85	47'15	49'1	...
1852	46'32	53'68	45'97	54'03	41'8	48'15	51'85	43'57	56'43	41'4	45'28	54'72	54'31	45'69	51'9	...
1853	47'50	52'50	47'87	52'13	39'2	32'56	67'44	45'45	54'55	42'6	56'86	43'14	50'78	49'22	51'0	...
1854	50'39	49'61	50'43	49'57	39'6	39'53	60'47	44'54	55'46	37'3	66'18	33'82	58'10	41'90	52'8	...
1855	51'48	48'52	49'85	50'15	38'4	53'33	46'67	46'81	53'19	33'8	50'62	49'38	56'24	43'76	50'9	...
1856	48'34	51'66	52'12	47'88	38'8	43'24	56'76	45'80	54'20	34'6	52'63	47'37	58'27	41'73	49'3	...
1857	57'14	42'86	51'45	48'55	38'0	53'19	46'81	47'61	52'39	37'0	51'39	48'61	56'57	43'43	50'9	...
1858	41'30	58'70	49'86	50'14	36'8	41'82	58'18	45'47	54'53	32'1	48'33	51'67	56'63	43'37	51'6	...
1859	47'83	52'17	48'41	51'59	38'8	55'56	44'44	45'14	54'86	37'3	54'29	45'71	53'85	46'15	52'2	50'56
1860	41'54	58'46	49'36	50'64	37'9	47'62	52'38	45'57	54'43	35'0	53'97	46'03	55'84	44'16	45'2	42'42
1861	32'89	67'11	47'83	52'17	37'5	31'58	68'42	44'00	56'00	32'8	51'79	48'21	58'36	41'64	53'9	61'29
1862	38'65	61'35	49'23	50'77	38'6	30'59	69'41	43'15	56'85	35'1	46'10	53'90	55'98	44'02	48'6	54'84
1863	44'07	55'93	50'43	49'57	36'2	31'90	68'10	45'40	54'60	35'6	43'03	56'97	55'41	44'59	48'3	58'29
1864	38'82	61'18	49'45	50'55	37'9	30'89	69'11	44'77	55'23	36'6	48'98	51'02	56'89	43'11	47'1	55'36
1865	47'74	52'26	50'03	49'97	39'6	38'52	61'48	45'92	54'08	34'4	50'74	49'26	54'12	45'88	48'2	53'04
Gross number or proportion	43'46	56'54	49'65	50'35	...	39'17	60'83	45'37	54'63	...	50'87	49'13	56'00	44'00	...	...
Average number or proportion	46'25	53'75	49'48	50'52	38'6	42'11	57'89	45'42	54'58	36'6	52'08	47'92	55'61	44'39	50'1	...
Abstract of the above particulars for the five years 1850 to 1854 inclusive.																
Gross, &c.	50'68	49'32	49'24	50'76	...	44'74	55'26	46'24	53'76	...	56'15	43'85	55'21	44'79	...	...
Average, &c.	51'07	48'93	48'80	51'20	39'7	45'35	54'65	45'70	54'30	39'7	55'98	44'02	54'46	45'54	51'1	...
Abstract of the above particulars for the five years 1855 to 1859 inclusive.																
Gross, &c.	46'82	53'18	50'13	49'87	...	48'23	51'77	45'88	54'12	...	52'22	47'78	56'21	43'79	...	...
Average, &c.	47'23	52'77	50'24	49'76	38'1	48'29	51'71	45'92	54'08	35'2	52'12	47'88	56'23	43'77	49'8	...
Abstract of the above particulars for the five years 1860 to 1865 inclusive.																
Gross, &c.	39'76	60'24	49'38	50'62	...	33'00	67'00	44'70	55'30	...	48'05	51'95	56'09	43'91	...	...
Average, &c.	40'43	59'57	49'39	50'61	38'0	32'70	67'30	44'65	55'35	34'9	48'13	51'87	56'15	43'85	49'2	56'56
(a) This percentage is upon the total number of cases of insanity, not upon the number of cases of insanity deemed curable.																

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, HANWELL (Continued).

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1850	37'90	41'67	4'32	...	4'89	11'91	...	...	14'89	...	51'61	35'76	5'89	...	6'65	10'22
1851	14'21	32'08	2'35	...	2'82	9'15	...	...	29'63	...	27'89	36'96	4'62	...	5'33	10'54
1852	35'83	38'62	3'98	...	4'47	9'72	...	...	9'30	...	42'50	41'06	4'72	...	5'30	10'33
1853	33'86	35'23	3'94	...	4'44	9'61	...	...	9'30	...	53'54	40'42	6'24	...	7'02	11'03
1854	17'75	38'33	2'64	10'07	3'06	13'34	...	...	30'00	...	47'93	36'45	7'12	9'57	8'27	12'69
1855	24'50	42'19	3'18	10'23	3'64	13'31	...	...	21'62	...	62'91	36'92	8'16	8'95	9'34	11'65
1856	33'57	38'19	4'06	9'41	4'61	12'22	...	...	12'77	...	51'43	33'54	6'21	8'27	7'06	10'73
1857	39'86	38'78	4'74	9'67	5'32	12'49	...	...	12'73	...	43'48	32'17	5'17	8'02	5'81	10'36
1858	39'13	39'42	3'95	9'77	4'35	12'57	...	...	22'22	...	60'87	33'08	6'15	8'20	6'77	10'55
1859	21'54	34'04	3'50	9'61	4'11	12'69	...	...	19'05	...	32'31	27'49	5'25	7'76	6'17	10'25
1860	10'71	30'67	3'56	8'45	4'83	11'26	...	...	43'86	...	21'05	33'13	7'00	9'12	9'48	12'16
1861	21'20	35'42	4'92	8'93	6'11	11'57	...	...	29'41	...	35'16	33'77	8'16	8'52	10'14	11'03
1862	29'90	39'28	6'32	9'36	7'88	11'95	...	...	20'69	...	42'53	33'39	9'00	7'95	11'20	10'16
1863	28'94	36'93	6'38	8'56	7'89	10'91	...	...	26'02	...	34'59	35'29	7'63	8'18	9'43	10'42
1864	34'46	37'12	6'24	8'67	7'58	11'07	...	...	25'41	...	57'34	39'35	10'38	9'19	12'62	11'73
Gross number or proportion.	25'75	36'97	20'28	29'75	...	...	...	...	22'63	...	40'49	34'28	31'88	27'20	...	...
Average number or proportion.	28'22	37'20	4'27	9'34	5'07	11'58	...	...	21'79	...	44'34	35'25	6'78	8'52	8'05	10'92
<i>Abstract of the above particulars for the five years 1850 to 1854 inclusive.</i>																
Gross, &c.	26'03	37'62	11'22	...	...	...	...	...	16'84	...	43'42	37'40	18'72	...	...	...
Average, &c.	27'91	37'19	3'45	...	3'94	10'75	...	...	18'62	...	44'69	38'13	5'72	...	6'56	10'96
<i>Abstract of the above particulars for the five years 1855 to 1859 inclusive.</i>																
Gross, &c.	30'58	38'21	12'90	24'72	...	...	...	...	17'26	...	48'71	32'26	20'55	20'87	...	...
Average, &c.	31'72	38'52	3'89	9'74	4'41	12'66	...	...	17'68	...	50'20	32'64	6'19	8'24	7'03	10'71
<i>Abstract of the above particulars for the five years 1860 to 1864 inclusive.</i>																
Gross, &c.	23'95	35'82	15'88	23'14	...	...	...	...	27'24	...	36'57	35'01	24'25	22'62	...	...
Average, &c.	25'04	35'88	5'49	8'79	6'86	11'35	...	...	29'08	...	38'13	34'99	8'43	8'59	10'57	11'10

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases readmitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.]

STATISTICS OF ASYLUM POPULATION, HANWELL (*Continued*).

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES - - - -							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femls.	Total.	Deemed curable on admission.	Transferred from other asylums.	Re-lapsed cases re-admitted.				Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	
1865	186	280	466	111	22	28	2050	1643	688	34	77	111	51	38	14	3	
1866	153	196	349	44	11	28	2042	1708	833	34	74	108	49	34	14	7	
1867	151	193	344	145	19	34	2067	1727	828	33	69	102	38	37	20	2	
1868	92	173	265	83	19	18	1988	1710	796	21	74	95	37	33	13	5	
1869	160	161	321	80	8	25	2009	1716	782	37	58	95	36	32	13	9	
1870	207	216	423	172	32	31	2121	1776	802	49	70	119	42	43	17	5	
1871	271	274	545	75	140	95*	2330	1759	745	44	83	127	42	51	15	5	
1872	121	180	301	133	53	28	2098	1792	779	36	76	112	41	29	20	5	
1873	166	214	380	132	70	27	2187	1815	815	45	73	118	48	35	15	8	
1874	143	162	305	146	37	21	2134	1825	1056	62	88	150	66	52	17	3	
Gross number or proportion.	1650	2049	3699	1121	411	335	5283	...	...	395	742	1137	450	384	158	52
Average number or proportion.	165'0	204'9	369'9	112'1	41'1	33'5	2103	1747	812'4	39'5	74'2	113'7	45'0	38'4	15'8	5'2	
Abstract of the above particulars for the																	
Gross number or proportion.	742	1003	1745	463	79	133	3329	...	...	159	352	511	211	174	74	26
Average number or proportion.	148'4	200'6	349'0	92'6	15'8	26'6	2031	1701	785'2	31'8	70'4	102'2	42'2	34'8	14'8	5'2	
Abstract of the above particulars for the																	
Gross number or proportion.	908	1046	1954	658	332	202	3652	...	...	236	390	626	239	210	84	26
Average number or proportion.	181'6	209'2	390'8	131'6	66'4	40'4	2174	1793	839'2	47'2	78'0	125'2	47'8	42'0	16'8	5'2	

* Of these 95 "Relapsed cases re-admitted," 70 were patients who had been boarded temporarily at Hayward's Heath, and should have been returned under "Transferred from other asylums."

STATISTICS OF ASYLUM POPULATION, HANWELL (Continued).

DISCHARGED.													CASES REMAINING ON DECEMBER 31ST.				Year.
DISCHARGES OR REMOVED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total number.	Deemed curable.	Proportion per cent. of cases Deemed curable on Total number remaining.	Proportion per cent. of cases Deemed curable in C. & R. Asylums generally.		
	Re-Be- lieved or Not Im- proved.	Males.	Femals.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Par- alysis.	Epi- lepsy.	Pul- monary Phthi- sis.					Suicide or Ac- cident.	
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.		
43	97	106	203	57	14	35	23	49	10	31	1	1693	108	6'38	9'87	1865	
43	79	89	168	47	17	20	17	42	10	31	4	1723	44	2'55	9'37	1866	
65	78	99	177	51	25	19	17	41	10	38	1	1723	37	5'05	8'66	1867	
100	41	64	105	23	8	19	9	22	5	24	2	1688	75	4'44	9'23	1868	
41	76	99	175	56	19	17	5	35	10	34	2	1698	60	3'53	7'68	1869	
35	91	91	182	45	17	25	15	48	14	27	3	1785	113	6'33	8'90	1870	
228	93	85	178	40	26	33	11	55	7	24	3	1797	61	3'39	8'89	1871	
35	63	81	144	37	20	23	10	40	8	24	2	1807	82	4'54	8'13	1872	
39	92	109	201	37	17	28	27	58	6	30	2	1829	96	5'25	7'31	1873	
21	80	70	150	40	17	16	11	36	8	23	...	1813	92	5'07	7'47	1874	
650	790	893	1683	433	180	235	145	426	88	286	20	...	...	...	...	Gross number or proportion.
65'0	79'0	89'3	168'3	43'3	18'0	23'5	14'5	42'6	8'8	28'6	2'0	1756	81'8	4'65	8'55	Average number or proportion.	
three years 1865 to 1869 inclusive.																	
292	371	457	828	234	83	110	71	189	45	158	10	...	...	...	...	Gross number or proportion.
58'4	74'2	91'4	165'6	46'8	16'6	22'0	14'2	37'8	9'0	31'6	2'0	1705	74'8	4'39	8'96	Average number or proportion.	
five years 1870 to 1874 inclusive.																	
358	419	436	855	199	97	125	74	237	43	128	10	...	...	...	...	Gross number or proportion.
71'6	83'8	87'2	171'0	39'9	19'4	25'0	14'8	47'4	8'6	25'6	2'0	1806	88'8	4'92	8'14	Average number or proportion.	

COMPARATIVE TABLE OF FACTS, HANWELL (Continued).

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.			
1865	I. 39'91	II. 60'09	III. 49'72	IV. 50'28	V. 39'7	VI. 30'63	VII. 69'37	VIII. 43'75	IX. 56'25	X. 37'6	XI. 47'78	XII. 52'22	XIII. 56'18	XIV. 43'82	XV. 49'4	XVI. 50'69
1866	43'84	56'16	49'53	50'47	39'4	31'48	68'52	40'65	59'35	34'6	47'02	52'98	56'57	43'43	49'7	51'05
1867	43'90	56'10	49'50	50'50	40'0	31'35	67'65	41'83	58'17	35'9	44'07	55'93	55'52	44'48	48'6	53'97
1868	34'72	65'28	48'60	51'40	40'4	22'11	77'89	43'75	56'25	33'3	39'05	60'95	53'97	46'03	50'7	55'88
1869	49'34	50'16	50'20	49'80	40'6	38'95	61'05	43'81	56'19	35'5	43'43	56'57	54'91	45'09	52'2	61'29
1870	48'94	51'06	48'85	51'15	40'9	41'18	58'82	44'51	55'49	38'2	50'00	50'00	55'27	44'73	52'4	51'29
1871	49'72	50'28	50'12	49'88	42'5	34'65	65'35	44'20	55'80	35'8	52'25	47'75	56'13	43'87	52'4	67'55
1872	40'20	59'80	48'20	51'80	42'6	32'14	67'86	43'85	56'15	38'7	43'75	56'25	56'95	43'05	50'0	57'73
1873	43'68	56'32	49'42	50'58	41'6	38'14	61'86	43'49	56'51	38'2	45'77	54'23	56'86	43'14	52'8	55'14
1874	46'89	53'11	50'26	49'74	42'0	41'33	58'67	44'12	55'88	39'0	53'33	46'67	56'31	43'69	52'6	61'98
Gross number or proportion.	44'61	55'39	49'45	50'55	...	34'74	65'26	43'49	56'51	...	46'94	53'06	55'89	44'11	...	...
Average number or proportion.	44'16	55'84	49'44	50'56	41'0	34'30	65'70	43'40	56'60	36'7	46'65	53'35	55'87	44'13	51'1	58'66
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	42'52	57'48	49'51	50'49	...	31'22	68'78	42'81	57'19	...	44'81	55'19	55'40	44'60	...	...
Average number or proportion.	42'44	57'56	49'51	50'49	40'0	31'10	68'90	42'76	57'24	35'4	44'27	55'73	55'43	44'57	50'1	58'58
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	46'47	53'53	49'41	50'59	...	37'70	62'30	44'03	55'97	...	49'01	50'99	56'30	43'70	...	...
Average number or proportion.	45'89	54'11	49'37	50'63	41'9	37'49	62'51	44'03	55'97	38'0	49'02	50'98	56'30	43'70	52'0	58'74

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, HANWELL (Continued).

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.
1865	23'82	33'88	5'41	8'50	6'76	11'03	21'18	...	25'23	...	43'56	33'70	9'90	8'46	12'36	10'97
1866	30'95	35'71	5'29	8'06	6'32	10'23	25'84	...	25'93	...	48'14	37'57	8'23	8'48	9'84	10'76
1867	29'65	36'20	4'93	8'38	5'91	10'65	30'45	...	33'33	...	51'45	36'22	8'56	8'38	10'25	10'66
1868	35'85	36'10	4'78	8'47	5'56	10'76	30'16	...	18'95	...	39'62	34'07	5'28	7'99	6'14	10'15
1869	29'60	35'72	4'73	8'29	5'54	10'56	26'17	32'14	26'32	38'25	54'52	37'79	8'71	8'77	10'20	11'17
1870	28'13	36'37	5'61	8'54	6'70	10'89	28'33	35'63	26'05	35'19	43'03	36'11	8'58	8'48	10'25	10'82
1871	23'30	33'78	5'45	8'53	7'22	11'29	30'02	34'49	74'30	37'73	32'66	32'06	7'64	8'10	10'12	10'71
1872	37'21	38'35	5'34	8'81	6'25	11'18	39'86	36'59	25'00	33'05	47'84	32'83	6'86	7'54	8'04	9'57
1873	31'05	33'96	5'40	8'02	6'50	10'33	32'33	33'39	22'88	38'68	52'89	35'19	9'19	8'31	11'07	10'70
1874	49'18	37'90	7'03	8'95	8'22	11'46	43'73	37'31	14'00	33'67	49'18	35'32	7'03	8'34	8'22	10'68
Gross number or proportion.	30'74	35'80	21'52	28'30	...	...	...	...	29'46	...	45'50	34'99	31'86	27'66	...	...
Average number or proportion.	31'87	35'80	5'40	8'46	6'50	10'84	30'81	34'93	29'25	36'10	46'29	35'09	8'00	8'29	9'65	10'62
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	29'28	35'53	15'35	22'34	...	...	...	...	26'03	...	47'45	35'86	24'87	22'55	...	...
Average number or proportion.	29'97	35'52	5'03	8'34	6'02	10'65	26'76	...	25'95	...	47'46	35'87	8'14	8'42	9'76	10'74
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	32'04	36'03	17'14	22'47	...	...	...	...	32'27	...	43'76	34'28	23'41	21'37	...	...
Average number or proportion.	33'77	36'07	5'77	8'57	6'98	11'03	34'85	35'48	32'55	35'66	45'12	34'30	7'86	8'15	9'54	10'50

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted (Statistics of Asylum Population, col. iii., less cols. v. and vi).

* This exceptionally high percentage is explained by the footnote to page 138.

The following is from a report by Dr. Farr, drawn up at the request of the Council of the Statistical Society, and read 15th March, 1841. It is founded on the returns of Hanwell Asylum and Bethlem Hospital, together with a series of tables submitted to the society in 1840 by Colonel Sykes. I extract the passages chiefly relating to the statistics of Hanwell. One or two general remarks have already been cited at page 73.

The Hanwell Asylum was opened May 16th, 1831, and the number of lunatics admitted in the 9½ years ending September 30th, 1840, as shown in the following table, was 2029; the number discharged was 1171, of whom 449 had recovered, 66 had been relieved, and 656 had died; 858 remained in the asylum. More than *half* the patients die in Hanwell, and more than *one-third* are cured.

Dr. Farr quotes the returns, which show patients admitted from the opening of the asylum to September 30, 1840: Men, 1013; women, 1016; total, 2029. Discharged during the same period—Cured: men, 223; women, 226; total, 449. Relieved: men, 42; women, 24; total, 66. Died: men, 374; women, 282; total, 656. Remaining September 30, 1840: men, 374; women, 484; total, 858. Proportion in 100 patients discharged—Cured: men, 35·0; women, 42·0; total, 38·0. Relieved: men, 7·0; women, 5·0; total, 6·0. Died: men, 58·0; women, 53·0; total, 56·0. He continues—

It has been a question whether the deaths should be divided, as in this case, by the 2029 patients admitted, or by the 1171 discharged, in order to find the mortality of the cases. It is evident that the latter is the true divisor; for if the mortality remained the same, the probability is that the 858 patients to be discharged would, *ceteris paribus*, be discharged cured, relieved, and dead, in the same proportions as the 1171 already discharged.

I have already cited Dr. Conolly's opinion on this point at page 72. Dr. Farr proceeds:—

The deaths in the 9½ years ending 30th September, 1840, were 656 (males, 374; females, 282); and the insane population out of which they occurred was = 5498 living one year: males, 2334, and females, 3164. The average number of males resident was = 250, and $259 \times 9\cdot34$ years, the term of residence, = 2334 years of life. The *annual mortality* of the men was 16 per cent.; of the women, 9 per cent.; and of the whole population, without distinction of sex, 12 per cent.

Dr. Farr deduces the mean term of residence at Hanwell for the period covered by his inquiry "from the numbers living, and the numbers discharged," as follows:—

Divide the 5498 years of residence by 1171, and the result is 4·48 years, which is an approximation to the average term of treatment. This is shown in the following table:—

		Lunatics Discharged.	Years of Residence.	Mean Time of Treatment in Years.
Males	...	639	2334	3·65
Females	...	532	3164	5·95
Total	...	1171	5498	4·48

Nearly equal numbers of men and women are admitted at the county asylum (males, 1013; females, 1016), but the number of women resident is 35 per cent. greater than the number of men (females, 339; males, 250), because women remain there about 6 years on an average, and men nearly 3·7 years. The men are discharged more rapidly than the women, both by death and recovery.

Eleven men per cent. were annually discharged cured or relieved, and only eight women.*

Let us now compare the facts observed in the Hanwell Asylum with those submitted to the society by Colonel Sykes, relative to the lunatics in the licensed houses within the jurisdiction of the Metropolitan Commission. Colonel Sykes' returns have been analyzed according to the same methods:—

* It will be noticed, on reference to my tables, that, speaking generally, deaths are more numerous among the males and recoveries among the females.

	Total Number Discharged.	Discharged as cured or otherwise.	Died.	Deaths in 100 Cases.
Licensed houses, from 11th August, 1832, to 31st May, 1839	5747	4021	1726	30.0
Hanwell Asylum, from 16th May, 1831, to 30th September, 1840	1171	515	656	56.0

The deaths to 100 cases were more numerous at Hanwell than at the licensed houses; but, in the annual mortality per cent., the proportions were reversed.

	Years of Residence.	Died.	Annual Mortality per cent.
Licensed houses, from 30th June, 1833, to 31st May, 1839	9671	1504	15.5
Hanwell, from 16th May, 1831, to 30th September, 1840	5498	656	11.9

The annual mortality per cent. at Hanwell was to that in the licensed houses as 100 : 130. For various reasons the patients remain longer in the Hanwell Asylum than in the licensed houses, from which 37 per cent. were annually discharged alive; while 9.4 per cent. were discharged annually, cured and relieved, from the county asylum. The number admitted during the six years, June, 1833-39, into the licensed houses was 5386; making 278 more than 5108, the number discharged by death, recovery, or otherwise. There were 1435 in the licensed houses on the 30th June, 1833, and 1713 on 31st May, 1839. The number of inmates had increased 19 per cent., and notwithstanding the erection of Hanwell, the increase bore principally upon paupers, for 202 of the 278 were paupers. . . . The comparative mortality was as follows:—

	Annual Mortality per cent.	Deaths out of 100 Cases Discharged.	Mean Time of Treatment in Years.
Paupers in licensed houses	21	35	1.67
Hanwell	12	56	4.48
Other patients in the licensed houses	11	23	2.15

The annual mortality of paupers in licensed houses is thus shown to be excessive.

Dr. Farr infers the following general results from the data cited in his paper:—

	Annual Mortality per cent.		Deaths out of 100 Cases Discharged.		Mean Time of Treatment in Years.	
	M.	F.	M.	F.	M.	F.
Licensed houses—pauper lunatics	26.8	16.4	37.5	31.8	1.40	1.93
" " other lunatics...	13.2	8.4	25.9	20.3	1.96	2.41
Hanwell	16.0	8.9	58.5	53.0	3.65	5.94

It will be observed that the annual mortality of both male and female paupers in the licensed houses was nearly twice as great as the mortality of paupers at Hanwell, and twice as great as the mortality of other lunatics in the licensed houses.

Noting how the recovery and death rates in an asylum population are affected by the proportion of recent to chronic cases, Dr. Farr says:—

At Hanwell 18 in 100 living died annually in the first 1½ year, and 8 in 100 annually for six years afterwards. . . . The annual mortality was 17 per cent. in the first three years, and 10 per cent. in the last three years; the annual rate of recovery was 14 per cent. in the first, and 8 per cent. in the last period. In the licensed houses, which have been many years in existence, the annual rate of mortality was 13.6 per cent. in 1833-36, and 17.2 in 1836-39.

When the rates of mortality and recovery in the several stages of insanity are ascertained, the effects of treatment and external influences can be compared in asylums containing the various classes of patients, in proportions as different as at Hanwell in 1831-33 and 1839-40. The rule is: Multiply the number of lunatics existing at the several periods of the disease by the corresponding rates of mortality and recovery, and the sum of the product will represent the number of deaths and recoveries. By this rule the deaths in Hanwell during the 1¾ years ending September 30th, 1840, should have been about 149, and they were 128; the numbers cured or relieved should have been about 126, and they were 154.

Dr. Farr gives the following particulars, which are interesting and supplement the information in my tables:—

The mean age of 213 persons at admission was 36¼ years; the mean age of 195 at the time of the first attack of insanity was stated to be 32¼ years. . . . The returns from the licensed houses do not state the ages; and the ages of few lunatics are given

in the interesting report of Dr. Conolly. From other observations it is known generally that the mortality increases, and that the probability of recovery declines, as age advances.

This will appear at a glance from the relatively small proportion of deaths classed within the three years given in the table (columns xxi. to xxiv., Statistics of Asylum Population), looking to the total of deaths in any year (column xx.), as compared with the proportion of recoveries occurring within the same period of three years (columns xiii. to xvi.) compared with the total (column xii.).

The sex, age, and stage of the disease are the principal internal causes that influence the mortality, except the form of the disease which, exclusive of congenital idiocy, may be, perhaps, reduced to an element already discussed—"the stage of the disease." The influence of complication, of sex, and of age, may be assumed to be nearly the same in the licensed houses and at Hanwell as in ordinary asylums—the asylum, for instance, at Gloucester, where the mortality does not exceed 7 per cent. annually. The mortality of 7 per cent. may be fairly ascribed to insanity. The excess above this must be attributed to the diseases generated by the limited space in which the unhappy lunatics are confined—to the collection of large numbers under the same roof—the impurity of the atmosphere—the want of exercise and warmth—the poor, unvaried diet, and the deficiency of medical attendance.

In a footnote Dr. Farr records a change in the diet at Hanwell, and other improvements, from which he predicts a lower death-rate. The anticipation was to some extent realized.

In the appendix to his work "On the Construction and Government of Lunatic Asylums," published in 1847, Dr. Conolly gives a table of the percentage of cures and deaths upon average numbers resident for the period of ten years ending 1845, at Hanwell, which shows cures, 57.5; deaths, 8.97. On the subject of the difference exhibited by the two sexes, Dr. Conolly says:—

The greater number of cures and smaller number of deaths among females must be in a great measure ascribed to their comparative immunity from epilepsy and paralysis, which, when combined with insanity, renders recovery very nearly if not quite hopeless. It is also stated that women more frequently recover from the acute stage of mania, while men die of exhaustion. The reverse of this apparent rule is found only in the results of some of the smaller asylums, where the deaths of either sex are few.

Dr. Thurnam, in his work on the "Statistics of Insanity," published in 1845, estimates the recoveries and deaths at Hanwell Asylum for a period of 12½ years (1831-43), as follows:—Upon the admissions: recoveries, 23.3; deaths, 34.7. Upon the discharges: recoveries, 37.4; deaths, 55.7. The same calculations for periods increasing by terms of years, he gives as follows:—

	Upon the Admissions.		Upon the Discharges.	
	Recoveries.	Deaths.	Recoveries.	Deaths.
5¼ years.....	19.3	29.5	37.3	56.9
10½ years.....	22.2	33.0	37.7	55.8
12½ years.....	23.3	34.7	37.4	55.7

Commenting on the manner in which the length of period for which the computation is made affects the result, Dr. Thurnam says:—

Upon a particular investigation of the statistics of a large number of hospitals for the insane, both in our own and other countries, I find that the proportion of recoveries, in nearly every instance, has gone on increasing materially for a considerable period, often amounting to 30 or even 40 years, after their first establishment. The reason of this is evidently found . . . partly in the large proportion of old cases often admitted upon the first opening of the institution; and partly, though in less degree, in the circumstance of the recovery, in a certain number of cases, requiring a rather considerable period for its completion. On the other hand, the mortality is generally more favourable during the early history of an asylum; and during the first twenty or even thirty years of its operations, as the proportion of recent cases admitted increases, and as the old cases die off, it usually continues to undergo a material increase, which often amounts to 50 or 100 per cent. upon the mortality of the first five years. . . . I conclude that a period of from 20 to 30, or, in the case of a small institution, a still greater number of years must elapse before we are authorized in concluding that the experience of an hospital for the insane at all fairly represents the average results of treatment which either have been, or will be, obtained in it.

COLNEY HATCH ASYLUM.

THE HOUSE AND ARRANGEMENTS.

THE Middlesex county asylum at Colney Hatch is a colossal mistake. It is much larger than any building of the class not erected in blocks ought to be. It combines and illustrates more faults in construction and errors of arrangement than it might have been supposed possible to find concentrated in a single effort of misdirected or bewildered ingenuity, while as an institution for the care and cure of the insane it is organized on a system elaborately heretical in conception, and based on principles and a notion of the object in view—with the best mode of compassing it—which we believe to be wholly false, impracticable, and disastrous.

All this is especially remarkable, because the asylum is scarcely more than five and twenty years old ; and it was erected and constituted subsequent to the discovery that madness is a malady calling for professional treatment no less directly and urgently than any other form of ordinary disease ; and that, a county lunatic asylum to be really serviceable to patients and economical to the ratepayers should be an hospital, properly so called, and in no sense either a work-house, a refuge for imbeciles, or a prison for refractory paupers. There can be no question as to the general intention, with this qualification, however, that the Middlesex magistrates and successive committees of visitors seem from first to last to have been unduly influenced by the consideration

that they were not at liberty to incur any large expenditure for objects of doubtful necessity, they being themselves the judges as to the benefit likely to accrue from any provision they could be asked to make for the comfort or cure of the inmates. As might have been expected, this well-meaning but mistaken mode of procedure has entailed an expenditure ultimately greatly in excess of a reasonable first outlay.

Colney Hatch has, we should imagine, cost more in alterations than it did in original construction, and in the end it is an asylum which can never be satisfactory as an hospital, and which a bold but true economy would hand over to some other purpose with the least delay. It is impossible to deal honestly with an institution like that which now engages our attention without daring the risk of apparent discourtesy. Let us at once speak frankly on this point, and then, unflinchingly, to business. We mean no reflection on the humanity of the Middlesex Board, the energy of the committee of visitors, or the zeal and skill of the medical superintendents, in stating that the impressions left by our inspection of Colney Hatch Asylum are the reverse of encouraging.

Looking at the facts, as we must, from the independent professional standpoint, it is incumbent to say that in our judgment the house and arrangements are equally unworthy of the object to which they have been dedicated—the treatment of the insane. The story of Colney Hatch from 1851 to the present time would be the recountal of a struggle between science and self-sufficiency, between common sense and officialism, between a loyal and earnest desire, on the part of all sorts of discordant and conflicting authorities, to do right and good work, and the distracting and obstructive influence of muddle-headed humanity and red-tape. It would require the pen of the author of "Pickwick" and the courageous sagacity of a Conolly to place the facts in their true light, to colour them with natural hues, inspire them with realistic force, and carry conviction to the minds of men, who we are quite sure need only to see the case as others see it in order to accord their instant support to the largest and boldest measures of reform. What we have to say about the building—and it will not be much—may be said more conveniently after the way

has been cleared by such observations as seem to be required by the system and arrangements.

Colney Hatch Asylum is not a *medical* institution. It can scarcely be described as claiming that character. It is not controlled by the medical superintendents. The committee of visitors exercise supreme authority, and the medical officers, with more or less docility, carry out their instructions. If the committee of visitors approve a method of treatment as likely to be useful "towards promoting the recovery of the patients," they urge or "continue to urge it on the attention of the medical superintendents." For example, "the committee, *aided by their officers*, constantly encourage the patients in the pursuit of healthy outdoor employment and amusement,"—that is, because "the committee" happen to consider "healthy outdoor employment and amusement" will promote "the recovery of the patients." If, on the other hand, this committee of laymen, presumably ignorant, and therefore beyond question incapable, of the treatment of patients suffering from mental or any other disease, do not chance to approve a particular line of practice, "they *direct* that such practice shall for the future be entirely discontinued." Generally, it would seem, "the superior officers *faithfully carry out the directions of the committee* with reference to the establishment." When, however, they fail in the discharge of this duty to their superiors, the committee reprimand or dismiss them at will. In a word, the asylum is managed by the committee. The medical officers are regarded as a superior order of subordinates; the principal remedies for mental disease—namely, the daily surroundings, the discipline, and the moral *régime* of the patients—are ordered and administered by the committee and their officers. The medical superintendents are tolerated, consulted or ignored, persuaded or coerced, as appears good to the presiding lay authority, or as their own habit of submission or self-assertion may render possible.

We make these statements solely on the basis of the published reports; they are inferences, nothing more. We have been careful not to ask any leading questions in the asylum, and we shall be quite prepared to hear that the gentlemen who respectively fill the offices of "medical superintendent of

the male department" and "medical superintendent of the female department" indignantly repudiate the imputation that they are not supreme. Nevertheless, the inference holds good, and we assume the responsibility of making it. It is the only one deducible from the reports, which are public property. Take a small but significant example of the way the system works. The committee appoint a medical superintendent to each department, and a matron. "Seclusion" commends itself to the wisdom of the lay committee as a measure, under certain circumstances, useful towards "promoting the recovery of patients." This being so, the ward attendants, as "subordinate officers" of the committee, may place a patient in seclusion, with this provision only, that, *having* inflicted the punishment or administered the remedy, notice must be at once given to the medical superintendent, and that "superior officer" has the power, if he pleases, to undo, as far as it is possible to undo, what the attendant, as an officer of the committee, has in his discretion and by the authority of the committee accomplished. The lay committee by their lay officials treat the case, and then call in the medical officer to indorse or amend the unqualified use of measures which are the proper and only agents of psychological medicine. Nor is this all. At the same moment when the female attendant sends her written notice to the medical officer, that she has locked up his—or, more correctly speaking, the committee's—patient, she sends a similar notice to the matron, who, like the medical superintendent, is a "superior officer." Now, suppose the matron arrives first, and approves of the powerful "treatment" administered by the attendant, what position does the medical superintendent occupy when he appears on the scene, and perhaps disapproves of, and countermands, the remedy? It must be remembered that all these persons, from the committee down to the attendants, consider themselves concerned in the "treatment" of insanity, and of course qualified for the practice in which they are engaged.

We think there can be only one opinion in the medical profession as to the system which this small matter may serve to illustrate, and the situation to our own mind acquires fresh gravity from the circumstance that the controlling authority

of the committee over the so-called "medical superintendents" is obtruded on the notice of attendants and patients by regulations, wholly unnecessary, and, considering the nature of the institution and the mental characteristics and susceptibilities of the inmates, incapable of justification. It may seem a small matter in itself, but no one having any experience in the task of acquiring and exercising a useful personal influence over the insane will fail to see the inconvenience of a rule which absolutely compels the medical superintendent to sign a book in each ward during his daily visit in order to attest his fidelity in the discharge of routine duty. A straw will show which way the wind blows, and just as the parade of the Middlesex warder uniform operates on the mind of the criminal or ex-criminal lunatic in a manner destructive of the notion that he is in an hospital to be cured, and not in penal confinement, so the knowledge that his medical superintendent is after all only a "superior officer," and not the supreme authority, militates against the establishment and maintenance of that moral control which not only forms an integral part of the treatment of insanity, but is itself the principal feature and basal element of the therapeutic *régime*.

It is not necessary to restate the propositions we laid down on this point in the report on Hanwell. The evil we exposed and deplored at the last-named asylum attains its full development at Colney Hatch. We do not desire to insinuate, nor do we suppose, that the committee of visitors interfere vexatiously with the management of the institution or the medical treatment of the patients. On the contrary, the medical superintendents warmly acknowledge "the disinterested labour of the committee, and their willingness on all occasions to give effect to the suggestions of the superior officers for the well-being and improvement of the asylum." It is not even necessary to raise the question whether the committee may not sometimes be right when the medical superintendents are wrong. What we do assert, and with all the energy of strong conviction, is that the constitution which makes the committee supreme, and renders the medical superintendents their "superior officers," and nothing more, is unsound in principle.

It proceeds on the assumption that the lay committee are the licensed keepers of the asylum, the care and treatment of the insane are in their hands, and the medical attendance is incidental. Whereas it should be the medical authority that controls everything in an asylum for mental disease, for the simple and obvious reasons, that disease of the mind is amenable only to the influence of moral remedies, and the discipline, the control, the daily routine and management of the insane are the "drugs" with which the physician of the mind must work the cure of his cases. A lay committee has, in point of fact, no place or authority in an asylum except to carry out the instructions of the "medical superintendent" in the matter of provision for the housing, feeding, and clothing *his* patients in accordance with the scheme of treatment laid down by him, as a skilled psychologist employed and commissioned to treat a particular form of disease. This is the initial proposition of the argument in favour of a scientific system of mental medicine. It is recognized in Surrey, and is in force in the asylum upon which we first reported. It even receives an equivocal sort of recognition at Hanwell. Why should it be ignored or perverted in every detail of the system in operation at Colney Hatch?

We make no apology for speaking thus freely. The question raised is of vital moment to the cause of scientific progress and the interests of lunacy reform. It is one in which the medical profession as a body has a direct concern, and in which every practitioner of "psychological medicine" must feel his *status* immediately involved. It is also, and in the largest measure, a public question. We cannot suppose that the ratepayers of Middlesex desire the pauper lunatics of that county to be treated by a committee of laymen, however humane and intelligent. It is abundantly evident that the legislature does not contemplate the maintenance of huge private asylums, administered by unskilled committees, out of the county funds. The interests of science and the obligations of true economy alike require that public asylums should be "hospitals" under medical management, and this principle must be asserted until it finds the fullest acceptance in Middlesex as elsewhere.

It would be quite impossible, within the limited space at

our disposal, nor is it necessary, to describe the building at Colney Hatch. We have already alluded to its magnitude as a fault. The unskilled observer may possibly be impressed by a general air of magnificence. It needs some knowledge of the inner life and working of an asylum to inform the outsider that "magnificence" is one of the most fatal characteristics of an hospital for the insane. A magnificent home for decayed industry; a magnificent school for the youthful waifs and strays of the population; a magnificent reformatory, or prison, or perhaps, even, asylum for idiots or imbeciles—provided always that the quality of magnificence in the last case does not imply height—may signify no incongruous ideas; but a magnificent asylum for the insane means, and must ever mean, the crowding together of cases which ought to be kept apart. In the report of the medical superintendent of the male department, as far back as 1865, we find Dr. Sheppard remarking: "For myself I have never yet been able to discover that there is any advantage in associating a number of persons (whether insane or otherwise) for sleeping purposes in one room." The occasion which called forth this observation was a protest on the part of the Commissioners in Lunacy against the remodelling of associative dormitories into single rooms—a measure obviously necessary in itself, but which the Commissioners questioned on the ground of the increased difficulty likely to be experienced in efficiently supervising a large number of cases which called for constant watching.

The dilemma will illustrate the evil inseparable from these vast asylums. If the patients are associated, they excite each other and confirm their malady. If they are separated, they cannot possibly be kept under proper care; and the difficulty is nearly as great by day as by night. It must not be supposed that "quiet wards" are always so managed as to conduce to the recovery of their inmates. The practice of telling off the victims of mental disease in herds and dealing with them in droves is not "treatment." It may save trouble. For a time, and at the first blush, such a policy may seem to save expense; but just as it is cheaper to spend a pound a week for six months in curing a case of disease, than to support the patient uncured for years at a cost of only ten shillings a

week, it is always true economy to make the question of cost subsidiary in the treatment of recent cases of insanity. A glance at the tables we have already published will suffice to show that a very large proportion of curable cases of insanity are cured within six months of the attack. We maintain that for six or twelve months new cases should be everywhere dealt with individually, at any reasonable outlay, and on this system the country will assuredly economize.

Individual treatment is wholly out of the question—it is simply impracticable—in a large asylum. The most the medical officer can do is to attempt a rough classification of his cases, and the result is, as often as not, disastrous to the patients it is meant to serve. A visit to some of the “refractory” wards at Colney Hatch must convince any unprejudiced but careful observer that the effects of such classification are not satisfactory at this institution. The conditions have been greatly improved since 1864, when the Commissioners reported as follows:—“It would be difficult to instance more perfect examples of what the wards of an asylum for the insane should not be than are presented here by what are called the refractory wards, especially those in the basement of each division, constructed originally so as to exclude the light from those portions of the corridors where it is most required.” “The gloom” has ceased to be “unrelieved by comforts of furniture” and other appliances. Everything that benevolence, sympathy, and growing intelligence can suggest—except the sweeping, but perhaps wise, measure of pulling down the building and reconstructing it throughout anew—has been done to improve, not only the “refractory wards,” but the asylum generally. Nevertheless, we repeat, it is the last place in the world where we should wish to see a friend placed under treatment for insanity; and it cannot by any stretch of charity be described as an hospital for mental disease.

That patients recover at Colney Hatch, as they do elsewhere, in spite of the conditions by which they are surrounded, our abstracts and analyses of the medical statistics will prove; but it is no less true that these conditions are undesirable, and that they ought to be radically and promptly amended. There is no lack of space at Colney Hatch; but

some of the wards are decidedly crowded. The ventilation is good, and—except in the closet arrangements, which are scanty and defective—the drainage is satisfactory. The water supply is fairly abundant and pure. The furniture of the wards is sufficient and comfortable. Decorations and objects of interest, pictures, ornaments, birds, musical instruments, and books are liberally supplied and widely distributed. The food is good, though not well managed or nicely served. For example, the Australian meat is neither properly cooked nor tastily seasoned. The clothing, as pauper clothing goes, is decent, the bedding clean, and the general arrangements satisfactory. But withal there is an oppressive air of discipline and dreariness—the two ideas seem to mingle in a single conception. Here and there a little nook or bay in a ward awakens the impression of homeliness; but one step off the carpeted floor into the long cheerless apartment and the illusion is dispelled. The committee and the medical superintendents are evidently engaged in an earnest and praiseworthy endeavour to improve the character of the place; but they struggle against difficulties which must in the end prove unconquerable.

The greatest good for the greatest number is the only possible aim in an asylum of this magnitude and constitution, and, we repeat, mental diseases cannot be treated as a heterogeneous heap of mutually antagonistic idiosyncrasies. The case is lost in the classification. Individual characteristics indicative of the personal developments of disease are obliterated in the process of throwing together and treating in mass the victims of a malady which ought, above all other morbid affections, to be dealt with directly in the unit. It is no doubt true that a medical officer may sometimes be found who possesses in an exceptional degree the faculty, so to speak, of taking a mental photograph of his patients, and not only recognizing them in the crowd, but recalling to memory much of the history and many of the special symptoms of their cases. We have seldom met a gentleman in whom this power attains more remarkable development than Mr. Marshall, the medical superintendent of the female department at Colney Hatch. But this does not in the least modify the opinion that it is unwise to crowd, and wholly impossible

to treat, cases of mental disease in these vast establishments. It may be supposed cheaper, but even this notion is, we say again, a short-sighted blunder. Not only are recent maladies that ought to be cured allowed to drift into the chronic and incurable stage, to the ruin of individual lives and happiness,—but patients, who are paupers only because they are insane, become permanently chargeable to the rates, when direct personal treatment in an asylum of moderate dimensions would have spared the sufferer a life of distress and ignominy, and saved the public the trouble and expense of his or her maintenance.

Nothing would be gained by criticizing in detail the domestic and disciplinary arrangements at Colney Hatch. It seems strange, remembering how modern the asylum really is, to find much—in the internal construction, the fitting and furnishing, and the general regulations—which belongs to an earlier era in the custody and treatment of the insane. But it is not less remarkable to recognize the spirit and liberality with which many reforms have been carried out. It must never be forgotten how much the most trivial change in an establishment of this magnitude involves. The alteration of a window or door, the cutting down of a bedstead, the stencilling of a wall, or the slightest improvement in the number or quality of articles of general use by the inmates, entails the instant multiplication of cost by many hundreds. It is due to the committee to state once for all that they have in large measure conquered the impulses of “economy,” falsely so called, and that, short of taking the best and boldest step of all, they have spared neither pains nor expense to render the building habitable and its arrangements conducive to the general comfort and contentment. Notwithstanding the unsatisfactory character of the institution, it would be difficult to point out special evils which call for immediate redress.

Speaking generally, the wards are long, narrow, gloomy, and comfortless, the staircases cramped and cold, the corridors oppressive, the atmosphere of the place dingy, the halls huge and cheerless. The airing courts, although in some instances carefully planted, are uninviting and prison-like. The warder-like uniform is seen everywhere, and the

sense of being in gaol must be present to the mind of an inmate more frequently than the thought or perception of home or homeliness. There are kindly attempts to relieve this inevitable impression. For example, many of the patients have little plots of ground allotted to them in the garden for the cultivation of flowers; and no effort is wanting to make their lives tolerable. Dr. Sheppard, the medical superintendent of the male department, has devoted much time and energy to the organizing of a very complete round of amusements and entertainments. To the benevolent and scientific enterprise of the same gentleman the curative repertory of the asylum owes the signal advantage of a well-constructed, though small, Turkish bath. Of this we shall have more to say under the head "Treatment," but the provision calls for passing notice here as a conspicuous proof of the progressive energy of a "superior officer," and the liberality of the real superintending authority of the asylum—the committee. The recreation hall is capacious, and duly provided with a stage for theatrical performances.

The chapel is large, and, by the way, Ritualistic. Is it desirable to make the function of public worship in these institutions simple and congregational, crowded as they are with persons of every way of thinking, or to place them on the level of spectacular entertainments? Beyond question a musical service must be especially interesting and useful to the insane, but it is quite possible to make a service musical without giving it a character symbolical of the tenets of an extreme party in the Church, with which the great body of Englishmen have little sympathy. It is only fair to say that we have not been present at a service in Colney Hatch, and that our notion of its character is deduced entirely from the fittings of the chapel. It may be that it is not so "extreme" as we suppose. Meanwhile the matter is one of much importance. The religious services of institutions of this character form an integral part of the system of influences, and ought, in our opinion, to be distinctly in unison with the plan of treatment adopted by the medical superintendents. Whether this is the case at Colney Hatch we have, for obvious reasons, considering the constitution of the asylum, intentionally omitted to inquire.

The service of the attendants is a matter of the first moment, but one upon which it is almost impossible for the casual visitor at an asylum so extensive as this to form any trustworthy judgment. From the records of dismissal and change, we should be inclined to infer that the committee—again “the committee”—must have great trouble with its *employés*. Perhaps this may in some measure arise from the circumstance that for a lay committee to select, engage, or dismiss the attendants on patients at an asylum is just as unreasonable as it would be for the lay committee of an hospital to select or appoint a surgeon’s “dressers.”* Attendants on the insane do not stand in the same relation to their patients as nurses in an ordinary hospital, more particularly at an asylum such as Colney Hatch, where a great deal is practically left to attendants, where these officials consider themselves officers of the lay committee, and where it is within their discretion to administer that most formidable of remedies—seclusion. If the constitution of the asylum should ever be reviewed by the board of justices of Middlesex, and it is placed on the one intelligent and intelligible footing of an hospital for mental disease, this anomalous relationship and consequent position of matters will be rectified. We can only deplore its existence as part of the fruit springing from a corrupt and bad root.

Great improvements have been carried out in late years—including the provision of better baths, which has rendered it possible to abandon the dirty and even dangerous practice of bathing more than one patient in the same water. Increased attention has also been directed to the vital necessity of efficient night-watching. It is not easy to see how the surveillance can be effectual, but it is said to be, and perhaps it is. In any case the committee appear satisfied, and the Commissioners in Lunacy complain less vehemently than in years gone by. The proportion of attendants to patients is roughly, excluding inspectors, head attendants, and night-watchers, one to thirteen. The “wet” and “dirty” cases are, perhaps unavoidably, numerous. The number of paralytics, imbeciles,

* See pages 99, 100.

and epileptics is considerable. The weekly charge for patients was 9s. 11d. in 1874.

The circumstances which led to the construction of a second asylum in Middlesex should be understood. It is the object of this inquiry to examine the subject of pauper lunacy as it presents itself in the Metropolitan counties from every standpoint, the economic not less than the medical. Indeed, it may be claimed that the economic is the more prominent, and in practice comprehends all others. In this matter-of-fact country and eminently utilitarian age, it must, I fear, be assumed that unless it were seen to be for the general, and especially the monetary, benefit of the sane population, scant consideration would be bestowed on the *care* of the insane, and no more thought than the interests of science might awaken in their *cure*. Doubtless the benign influence of our progressive civilization would in any case exert a humanizing effect on their general treatment. It is scarcely probable the sorrows and sufferings of these poor creatures would be permitted to supply material for public entertainment, as they did when the cages at Bethlem were a Sunday afternoon show. Nor, the needlessness of restraints having been practically demonstrated, is it likely recourse to the worst forms of coercion would be allowed. Nevertheless, the grudging, or at best half-hearted, fashion in which the demands of science and philanthropy are still too often met, in respect to matters deemed necessary some half a century ago,* certainly affords small ground for the presumption that, without conclusive proof that liberal measures for the comfort and recovery of the insane—and even for the care of incurable cases—were *commercially* advantageous, these so-called “luxuries” would be adequately supplied. I am fully conscious that this line of reasoning will not be approved by those who entertain an exalted notion of public enlightenment and humanity in 1876. I shall be reminded of the many and great efforts made to improve the condition of all classes, relieve suffering of every kind, and redress grievances throughout the empire, and abroad as far in every direction as British enterprise can be made to penetrate. I am not insensible to these matters, and yet I affirm that, as regards the home population at least, no single reform or improvement of a practical kind has yet been accomplished—unless for the glorification of a political party, the prestige of a Church, or the credit of a sect—except under pressure of urgent considerations, which have required to be cast in the commercial mould, more or less distinctively, before they would be accepted or even seriously discussed. I do not think this is a satisfactory avowal, but it is one honesty compels us to make. If any man asks for the proof, I point to the meagre improvements from time to time effected in the Poor-law system, particularly with regard to casual and permanent sick relief, the training of idiots and the blind, the care of the maimed and crippled; and to the multitude of omissions

* See the thirty-third interrogatory of the Select Committee appointed in 1827, page 92.

and grievances of the *legitimately* poor and dependent classes, which at this moment constitute a national reproach. I shall scarcely be suspected of looking at matters of this nature from a sentimental standpoint. The habit of years has induced me to take a practical, if perhaps too general, view of social affairs, and it is to this method of regarding the question before us I prefer to adhere, because it is the most familiar and, as I believe, the only ground taken by those with whom the power to press forward the work of improvement in regard to the care and cure of the insane practically lies.

The Metropolitan Commissioners had from time to time insisted on the growing need of additional asylum accommodation in Middlesex, and suggested measures for its relief. In 1844 they became urgent in their representations. They complained, not without ample grounds, "that the county asylum was nearly filled with incurable lunatics, while all the recent cases were practically excluded." This is how the visiting justices themselves state the allegation in their seventy-second report, presented to quarter sessions in October, 1844. In their rejoinder they endeavoured to show that it was not their system of management that produced this result, but the increase of the population, the working of the law which sought out and gave publicity to "cases of individual suffering formerly hidden from public notice; and, in the highest degree, the increased longevity of the patients under the improved system of treatment adopted in public asylums, which tends to the prolongation of life, by the care and attention paid to them and the comforts with which they are surrounded." The committee, half boastfully, but—it is difficult to avoid the suspicion—in part resentfully, add: "The annual mortality at Hanwell does not amount to ten per cent., whilst the mortality in the private asylums, which are under the superintendence of the Metropolitan Commissioners in Lunacy, exceeds 21 per cent., as appears by the tables of the Statistical Society; and this diminution of the annual number of deaths, which, in a county where the pauper lunatics exceed 1300, amounts to nearly 100 annually, has been confounded by the Commissioners with an increase in the malady itself, and attributed by them to the mismanagement of the Hanwell committee." The fallacy of this reasoning lay in its application.

As an argument against the presumption that lunacy had increased, an inference too often hastily and improperly drawn from the accident of increased pressure on the space of a county asylum, the contention that the apparent plethora—in fact only local congestion—was caused by stagnation, the asylum being, not too rapidly filled, but emptied by death too tardily, would have been intelligible. As an answer to the complaint that the accommodation provided was defective, it could have no force and was essentially puerile. County authorities have no right to count upon a high death-rate to clear out their insufficient asylum space with convenient celerity and obviate the expense of providing greater. It had been proposed to remove incurable cases from the asylum and replace them with recent. This is substantially and in principle the method of procedure I recommend, though not to be carried out in the manner sug-

gested in those days and too commonly counselled even now. It is difficult to think of the Middlesex asylums as hospitals, or to contemplate the recourse to measures carefully devised to secure the largest accommodation within their walls for cases it may be supposed possible to cure.

At the same time, so far as they are at present* the *only* curative establishments within the county, they must be so regarded, and a reasonably rapid flow of cases through these asylums—the curable to be cured, the incurable to be transferred, those which require special medical supervision to homes for chronic cases, and those which do not stand in need of “treatment” to suitable wards in the parish workhouses—was, and is, certainly to be desired. The visiting justices of Hanwell in 1844, however, urged: “It is not to be denied that considerable embarrassment has been created in providing an increase of accommodation for this increased number of applicants; but your committee trust that the true remedy will be the building of another asylum, and not the removal of those patients who have become tranquil under the humane regulations of a public institution, either to a workhouse, which, to use the words of the Commissioners themselves, is in all cases ‘highly objectionable,’ or to the problematical advantages and the inferior accommodation of a private establishment.” The committee allege that during their own term of office, and in the time of their predecessors from the outset in 1831, everything possible had been done to secure the prompt admission of recent cases. “But the truth is, that so long as the weekly charge at Hanwell is less than at a private asylum, and its accommodation is insufficient for the exigencies of the county, so long will the parish officers, with a shortsighted policy, send those patients to Hanwell, who are most likely to continue a permanent burden upon their friends.”† The cases belonging to the parish of Marylebone seem to have given especial trouble. The authorities of that populous district remonstrated, and sought to persuade or compel the visiting justices “to exchange old incurable for recent and curable cases.” Wandering somewhat beyond the scope of their duty as a committee of asylum management, the justices refused to allow the exchange, on the ground that the incurable cases removed would not be well or properly cared for elsewhere. In support of this view it is fair to cite the opinion of Dr. Conolly, to whom the subject was referred. It was given in a special report presented by the resident physician, October 6, 1842:—

Among the patients sent to the asylum by any large parish, there are generally some who become perfectly calm under the influence of the general system pursued in it, and who, although quite unable to take care of themselves, occasion no

* The new asylum at Banstead was not open when this was written.

† This is as true now as in 1844. The allowance of four shillings per head for lunatics in asylums does not affect the question either way. Cases that appear likely to be prolonged or permanent are put away in the *cheapest* asylum, regardless of the probabilities of cure. The selection of cases for curative treatment is, in fact, really made by lay officials. It is this I want to see remedied.

particular trouble. If it is just to say that the application of the non-restraint system to such patients is rendered easy, it is no less true that their tranquillity arises from the general operation of this undisturbing plan of treatment.

Of such patients belonging to the large parish of St. Marylebone, there are eight female and four male patients.* Some of these are aged and feeble, some paralyzed, and all occasionally irritable. It is not improbable that some of them would be as tractable in a workhouse as in an asylum; but this could not be positively predicted of any one of them: whilst in some of the rest it is equally probable that their fits of irritability would become exaggerated with short and mischievous attacks of mania, during which several accidents might occur, including suicide.

A natural zeal for the reputation of the asylum as a place of cure cannot but make the resident physician desirous that patients should be sent to it in the recent stage of the malady; but if this can only be effected by dismissing uncured those who have been relieved from much of the distress incidental to insanity, it will be done with the counterbalance of serious disadvantages. The general expectation of removal which would thus be created, the removal being known not to depend on the recovery of reason, would produce a general restlessness unfavourable to the comfort of the asylum; and as most of the patients so discharged would become worse at some future period, several of them would eventually be returned to the asylum in a less manageable state, or in a sinking condition, thus adding in the end to the number of cases sent to the asylum incapable either of cure or alleviation.

J. CONOLLY.

I confess this reasoning does not appear to me conclusive. Even supposing the patients removed for a time did return, the space vacated during their absence would be available for the reception and cure of cases which might—I might almost say *must*—otherwise become chronic. As to the “general restlessness” Dr. Conolly predicts, I fancy the hope or apprehension of removal would act, upon any patient capable of being influenced by such considerations, as a salutary incentive to self-control, rather than a new cause of disquietude. The influence of a resolute purpose, even in physical disease, is often surprising. Such a purpose, if it can be awakened in the mind of a lunatic, will be itself a potent agent in bringing about his recovery; while minds so disordered as to be incapable of this resolution are scarcely likely to be injured by the anticipation of change.

The returns printed below were appended to the report of the visiting justices of Hanwell, dated October, 1844. I reproduce them as showing the steadily increasing need of further accommodation, felt to be pressing in 1844, and ultimately met, not by providing an efficient *hospital* to replace the huge establishment at Hanwell, but by building a second asylum for Middlesex—more objectionable, if possible, than the first—at Colney Hatch.

A Return of all Insane Persons, Lunatics, and Idiots maintained by the several Parishes in the County of Middlesex, in the years from 1831 to 1844, according to

* The number of patients in the asylum belonging to Marylebone at this time was 80.

the Returns annually made by them to the Michaelmas Quarter Sessions, pursuant to the Statute 9th Geo. 4, c. 40, and the 5th & 6th Vic. c. 57 :—

	Males.	Females.	Total.
1831	323	516	839
1832	339	524	863
1833	329	505	834
1834	357	555	912
1835	388	567	955
1836	352	579	931 *
1837	340	560	900
1838	342	543	885
1839	330	564	894
1840	383	622	1005
1841	402	644	1046
1842	479	722	1201 †
1843	519	783	1302
1844	630	948	1578

These Returns are exclusive of the Lunatic Vagrants whose Settlements cannot be ascertained, and who are maintained at the expense of the County. They amounted on September 30th, 1844, to 70 males and 73 females ; total, 143.

A Return of the number of Patients' Beds in the Hanwell Asylum :—

Male side	425
Female side	574
	<hr/>
	999

Return of the number of Lunatics requiring accommodation :—

Males.

Parish patients	630
County patients	70

Females.

Parish patients	948
County patients	73

Total number of beds	999
Additional accommodation required	722

* By the Returns laid before the House of Commons, 12th July, 1837, it appears that the total number of Lunatics in the County of Middlesex in 1835 was 941, and of Idiots 318, making a total of 1259 ; but in that Return Idiots *not dangerous* as well as dangerous are included.

† In the Returns made under the 5th & 6th Vic. c. 57, which was passed in July, 1842, Idiots *not dangerous* as well as dangerous are included ; but the previous Returns, made under the 9th Geo. 4, c. 40, included dangerous Idiots only.

The proposal to provide the "additional accommodation" required—taking the justices' view of the situation—assumed a concrete form in 1845. The visitors of Hanwell Asylum prepared and submitted to the proper authority a scheme for erecting a new asylum adjoining the establishment at Hanwell. The Commissioners objected, and the Secretary of State, on their official recommendation, withheld his approval. Among other reasons for rejecting the scheme, the Commissioners assigned the following:—

. . . . We are satisfied that the asylum at Hanwell at present contains more patients than it is capable of accommodating properly, and more than should be entrusted to one superintending or controlling power. It is the opinion of every medical man of eminence conversant with the subject, and, amongst others, of Dr. Conolly himself (the visiting physician, and, until lately, the superintendent of the Hanwell Asylum), that *not more than 400 patients should be assembled in any one curative establishment for lunatics*; * and the Hanwell Asylum already contains nearly 1000 patients. It is desirable, we think, on this account, that there should be no further congregation of lunatic patients at, or near, Hanwell. The patients now there are more than sufficient, in point of numbers, to occupy all the attention of the present medical staff, and of the visiting justices. The pauper lunatics of Middlesex are more likely, in our opinion, to derive benefit from a separate establishment, in another part of the county, where other competent medical officers, and another body of active visitors, may have the control over a manageable number of patients, and may be stimulated, by an honourable spirit of emulation, to exert themselves to raise the reputation of a new asylum to an equality with that of the asylum at Hanwell.

The Commissioners recommended, in preference to the scheme of the committee—

. . . . To select some healthy and convenient spot for a *curative* asylum, as near as may be to the centre or mass of the population of the eastern division of the county of Middlesex.

They added:—

We are further of opinion that an asylum for chronic cases should be established in the same division of the county, either in close proximity to the curative asylum, or at no great distance from it. We think that the curative establishment should receive all patients who have recently become insane, all who are supposed to be curable, and all who are considered as dangerous to themselves, or others. That the chronic asylum should receive only lunatics and idiots who are considered harmless as well as incurable. And that the two asylums should be under distinct medical superintendence. It will be observed that, according to the provisions of the present Act, 8th & 9th Vict. c. 126, it is necessary that lunatic patients should be sent in the first instance to a curative asylum. But as a certain proportion of

* To this dictum I give unqualified submission. The most forcible objection to this limit I have encountered has been the supposed impossibility of paying a medical man of repute an adequate salary for superintending so small a number of patients. I think the curative work done by a thorough hospital of moderate dimensions would be found of sufficient value to compensate for the proportionally large outlay required.

these patients would, from time to time, be drafted as harmless and incurable from the curative to the chronic asylum, the difficulty and expense of removal would obviously be greatly lessened by the one establishment being placed within a short distance of the other.

In a critical retrospect such as this work to a large extent must be considered, it is permissible to indicate what in the opinion of the writer would have been a better arrangement. The visiting justices of Hanwell might have been permitted to build a smaller and better house at a convenient distance from that already existing. This new building should have been appropriated as the curative asylum or hospital, into which all *curable* cases could be removed from the old establishment. Recent cases would be sent from the parishes direct to the new house. Patients incurable, but "dangerous to themselves or others," should have been drafted to the old asylum at Hanwell, and chronic cases, "harmless as well as incurable," removed to a workhouse, either wholly appropriated for that purpose, as the law allows,* or provided with suitable wards for the reception and cure of cases which might be so disposed. I think the threefold provision for lunatics must sooner or later be made, and when this is recognized in any county, the economic advantages of such a course will be speedily apparent, while the curative work of an hospital, *properly so called*, is found to exceed in value any service of the kind performed by institutions which at best are homes or refuges rather than places of cure.

The further statement of the views entertained by the Commissioners in 1846 is clear and, except as regards the anticipated effect, of the changes recommended, upon the existing asylum at Hanwell, just. It seems well to quote it at length :—

The asylum at Hanwell was built for the accommodation of 660 lunatic patients. It contains at present nearly 1000 patients, almost all of whom are deemed incurable, and is manifestly in a very crowded state. Should a portion of the present patients be drafted to an asylum in the eastern division of the county, the Hanwell Asylum would be released from a large number of incurable cases ; it would possess sufficient accommodation for all the lunatics of the western division of the county. And it might fulfil at once its original destination of a curative asylum for pauper lunatics, instead of being, as it now is, merely a place of refuge, or security, for patients who are no longer susceptible of cure. The number of lunatics in an establishment wholly or partly designed for curable cases should, in our opinion, and in the opinion of most medical men acquainted with the subject, range from 200 to 300 patients ; and the number should rarely exceed 400 or 500 in a chronic asylum. In curable cases, the character and fluctuation of each patient's malady require careful observation, and each patient individually becomes the subject of special treatment, medical or otherwise. And it is well ascertained that *no large number of cases requiring separate, or, as it has been termed, "individualizing treatment" can be successfully attempted in one establishment.* Harmless and incurable patients, however, may be more easily managed in the mass.

It is not apparent how withdrawing the incurable cases from a large asylum which holds a thousand patients, and refilling it with curable cases

* See foot-note, pages 63-4.

—which are incapable of treatment in the mass—would convert the institution into a small one containing not more than three hundred patients! In other respects I believe the views expressed in this recommendation to be essentially sound, and it is to be regretted that they were not carried out.

The question at issue in 1845-6 is so important, and in one shape or another presses upon the attention of justices and medical superintendents with such practical urgency to-day, that I make no apology for pursuing it. In their "Observations on the Report presented to Secretary Sir James Graham by the Commissioners in Lunacy" (May 21, 1846), the committee say :—

The drafting of patients from one asylum to another is not a recommendation of light moment, but one which might involve consequences of so serious a nature, that the committee cannot persuade themselves that the Commissioners have give it that consideration which the importance of the subject demands. But upon this point the visitors were happy in being able to avail themselves of the sound judgment and high medical authority of Dr. Conolly, under whose guidance the present humane system of non-coercion has been successfully carried out at Hanwell, and who is at present its visiting physician. In a report dated September 25th, 1845, on the advantages and disadvantages of making provision for the complete separation of the curable from the incurable patients, which report he drew up at the request of the visiting justices, he thus expresses himself :—

"*First*.—The separation, in an asylum for the insane, of the curable from the incurable patients, appears to me to be, strictly speaking, impracticable, except to a limited extent. *Secondly*.—Its advantages to the curable would be very limited, and even doubtful. *Thirdly*.—To the incurable the probable disadvantage of the separation would be very serious. *Fourthly*.—Every possible advantage to be expected from it might be more conveniently secured by provision being made in the county asylum for the reception of all the pauper lunatics of the county.

"1. With the exception of the cases in which insanity is combined with paralysis or with epilepsy, or the cases in which the patient has fallen into a state of dementia, or is idiotic, a physician experienced in the malady would hesitate to pronounce the cure impossible in any case. At Bethlem and St. Luke's, where separate funds exist for the maintenance of the incurable cases, it is found that of the cases so classed, some are afterwards sent out cured.

"2. As far as the influence of patients on one another is concerned, an asylum containing only curable cases would be less favourable to recovery than one in which the curable patients were mixed up with the quiet cases, supposed to be incurable. Of *recent* cases, which would of course all at first be classed with the curable (with the exceptions above stated), those in which a cure is the most probable are often greatly excited and violent. Association with these would have every disadvantage of association with incurable cases of recurrent mania, during the paroxysms to which so many incurable patients are subject. The society of the quieter curable cases would not be more advantageous than that of the quiet chronic cases deemed incurable. Idleness and discontent are the common characteristics of recent cases, even when the patient is tranquil. Industry and cheerfulness prevail extensively among the incurable.

"3. The probable disadvantages to the incurable would be many and great. Of the paralytic and epileptic many are, to a great extent, intelligent and sensible; and in these, and many of the chronic cases not so complicated, the hope of

recovery usually exists to the last. This hope would be taken away by their being consigned to an incurable asylum. Their treatment would also be conducted without hope, and their general management would most likely become less careful and less promotive of the amelioration which is attainable in every case of this kind. With respect to the idiotic, and those in a state of dementia, the chances of neglect, by separation from an asylum in which the general arrangements had reference to cure or amelioration, would be very much increased. The incurable require, at different periods of their malady, every attention and every precaution demanded by the most violent or the most desponding of the curable patients. Everything that creates anxiety, or causes increased expense in the treatment of the curable, is absolutely necessary, from time to time, in nearly every incurable case. *Any difference of arrangements, made with a supposition to the contrary, would lead to serious neglect, and to the occurrence of lamentable accidents.** It would also be to be feared that cases of actual recovery would sometimes be overlooked, or, at least, sometimes improperly retained in the incurable asylum.

"4. Asylums of sufficient extent to contain all the lunatics of the county would enable the officers to classify the curable and the incurable cases, so as to secure every advantage to all, without the probable disadvantages above mentioned. Of the curable, as of the incurable, some are violent, some moderately and occasionally tranquil, some perfectly quiet, some suicidal, some infirm, some imbecile. The proper and useful classification of patients in an asylum depends chiefly on these characters of their malady; and when made with regard to these states of the malady, secures every advantage compatible with the association of patients with one another. All the alleged advantage expected to ensue from the entire separation of the curable and incurable, even to the extent to which alone it would be found practicable, seems to me to be either visionary or highly objectionable; visionary as regards the promotion of cures, and, *if practised with a view to the cheaper maintenance and care of the incurable*, likely to be followed by an exasperation of the malady in most of the cases, an increase of casualties and accidents, a general negligence as to their management, and an increased mortality.

"J. CONOLLY, M.D.

"*Hanwell Asylum, September 25, 1845.*"

Dr. Conolly expressed himself very differently elsewhere on the subject of large asylums; for instance, in his report on the proposal to enlarge the existing asylum at Hanwell, dated May 28, 1844:—

I am of opinion that the enlargement of this asylum, so as to make it contain 1500 patients, would be attended with many inconveniences. *Its present size is too great for the performance of the duties of several of the officers in a manner quite satisfactory to themselves.* Its further increase would, I think, add to this difficulty, lessen the cheerfulness of the asylum, and interfere with its proper ventilation. It would probably diminish the comfort, and even the general health, of the patients.

* This is a point of great practical interest; and one in regard to which the justices of Surrey, engaged in the deliberations narrated in pages 6 to 12, would do well to assure themselves. I venture to think it will be found that the secondary division of incurable or chronic cases, into those requiring asylum treatment in a chronic house, and those which may be accommodated in the "lunatic" wards of a workhouse, is essential to any useful classification.

This opinion did not touch the question of erecting a new asylum near that of Hanwell, which proposal Dr. Conolly, as we have seen, approved. Dr. Begley protested against any *enlargement*, except "for the purpose of affording increased accommodation to the present number [of inmates], both in their sleeping and day rooms." He also recommended that a new asylum should be built, "at a distance from this, rather than contiguous to it;" whereas Dr. Conolly thought—

If such a building should be erected near the present asylum, a facility would be given to preserving a uniformity of superintendence and regulations, and their proximity would facilitate a more convenient classification or division of the patients, and *especially of those decidedly incurable and of offensive habits, from the curable, or the convalescent.*

The views of Dr. J. G. Davey, at that time medical officer of the female department, accorded with those of Dr. Conolly.

The following, from the seventy-fourth report of the committee of Hanwell, April 10, 1845, will exhibit the increased, and increasing, need of asylum accommodation in Middlesex, and show how the visiting justices accounted for it:—

From the return of the number of pauper lunatics chargeable to parishes and places in the county of Middlesex, made in the year 1831, it appears there were, exclusive of lunatic vagrants, 839 altogether, 248 of whom were about Michaelmas in the asylum, and 591 in licensed establishments and workhouses; but in 1843, when by the great increase of buildings nearly 1000 were received into the asylum, so far from there being but few, if any, in parish workhouses and private establishments, there were then between 430 and 440 for whom no accommodation could be found in the asylum; and in 1844 the number to be provided for had increased in the most extraordinary manner to 721. It is at first rather difficult to account for this alarming increase in the number of lunatics in the course of thirteen years. Part will be ascribed to the increase of population in the metropolitan county, as well as generally throughout the country. A part also to the irregular habits which prevail in thickly populated districts; and these must continue to operate until moral and religious checks can be effectually applied to curb the vicious habits of a badly educated population. But no small share of the increase may be fairly ascribed to the limited numbers which were originally admitted into the asylum, and, what may appear paradoxical, to the humane regulations by which, from the very first, it has been distinguished.

Nor did the view taken by the committee at this time stop short with a mere recognition of the evil. They perceived how it might have been remedied.

... As early as July, 1832, the committee of visiting justices remarked that "a considerable number sent from parish workhouses were almost in a dying state when admitted; that many of them were so far gone as scarcely to be able to bear the fatigue of the journey;" and that "many of the recent cases, they regret to find, are still sent to private houses, contrary to the direction of the Act of Parliament." It has been observed, by those who have had the best opportunities of knowing, that *of those who enter asylums soon after the commencement of the malady, seven out of eight, or even nine out of ten, recover.* The parish authorities, in whom rested the selection of patients to be sent to the asylum, do not seem to have been

aware of this. The cases of insanity which had been of long standing were continued to be sent to the asylum with scarcely the remotest hope of being restored to reason, and with the greatest probability of a prolonged life under better treatment. *Had recent cases been sent, and no other than recent cases, and a sufficiency of accommodation been retained to admit the succession of curable cases that might present themselves, then it is surely not unreasonable to suppose that the number of pauper lunatics would not have accumulated at so fearful a rate.* Had such a judicious system been adopted the numbers could not have been 1721 in the year 1844, when in 1831 they were no more than 839, although there might be a slight addition to the latter number were the vagrants included, as they are in the former.* Every recent case that is detained beyond a certain time in a licensed establishment or workhouse is, probably, by such detention, settling down into one of confirmed lunacy.

It does not seem to have occurred to the justices that if applying the asylum to its proper use at the outset would have prevented the accumulation—if not the increase—of insane paupers in the county, a beneficial result might be expected to follow its restoration to the original purpose, even thus late. The views of the committee did not, however, become clearer as they gained experience. In 1856, when engaged in a warm controversy with the Commissioners in Lunacy on a proposal to enlarge the asylum in direct violation of the principles laid down by Dr. Conolly, I find the committee vehemently denying that the original purpose of the asylum was to relieve or cure. It is curious to observe how the views of committees are apt to be modified by circumstances; and how, when this happens, the changes brought about seem to exercise a curious retrospective influence on the original purpose. In reply to the Commissioners (November 15, 1856), the committee say:—

The Commissioners in Lunacy appear to suppose that these asylums [Hanwell and Colney Hatch] were erected at great cost *as hospitals principally for relief and cure*, and they state broadly that they have been diverted from their original purpose by the accumulation of incurable, particularly idiotic and demented, cases; but *the committee of visitors take leave to deny that either the one or the other were erected with any such limited view as that assumed by the Commissioners.* It may indeed be asserted, on the contrary, that the county of Middlesex would never have incurred the great expense of erecting the first building at Hanwell, unless for the reception of all classes of cases; and it is quite impossible to believe that any number approaching to anything like 500 curable cases have ever existed at any time among the pauper lunatics of the county. The asylum was, in fact, erected for the purpose of receiving or taking care of the supposed incurable, as well as the curable, without limit or distinction.

It is interesting to notice the discrepancy of these two interpretations put upon the "original purpose."

This may be a convenient point to quote the following passages from a report of the committee of Hanwell Asylum, dated July 22, 1845. They will show how the measure to which we owe the improved law protecting and providing for the supervision of lunatics by a permanent

* See returns at page 161.

Board of Commissioners with enlarged powers, was regarded by the magistrates of Middlesex. Light will also be thrown upon the position taken by succeeding committees in the county with regard to the management of their asylums and the recommendations of the Commissioners in Lunacy. The situation should be understood, that the traditional policy growing out of it may be rightly and fairly interpreted.

It is with great reluctance that the visiting justices find themselves called upon to notice, in terms of disapproval, several clauses in a bill introduced into the House of Commons for the purpose of amending the laws for the provision and regulation of lunatic asylums for counties and boroughs, and for the maintenance and care of pauper lunatics in England. So far as the measure provides that there should be a sufficient number of asylums built, or otherwise provided, in order to accommodate in a suitable manner the pauper lunatics of England, it will receive the praise and concurrence of every one who recognizes the claims of this important class upon the humanity of the public. Had the bill stopped there, and, with other similar improvements necessary to carry out the same principle, made the duty of such provisions obligatory, instead of leaving it, as it is by the law at present, permissive, it would have been unnecessary for the visiting justices to notice it upon this occasion. But this is not the case.

The committee then proceed to set forth their objections, which may be thus condensed :—

Instead of entrusting its execution to the magistrates of the county . . . in the eighth clause a power is given to her Majesty's Secretary of State for the Home Department to determine whether any asylum be in his opinion inadequate, or unfit, for the proper accommodation of the pauper lunatics of the county, and to direct the justices of such county to provide either additional buildings or an additional asylum ; and they are bound to obey his directions, however much their opinion may differ from his, as to which kind of accommodation is to be preferred. . . . The justices of this county will be no longer free to exercise their own judgment, but will be bound in all that concerns the accommodation to be provided for the pauper lunatics of their county to obey the directions of the Secretary of State. Neither will they have the power of determining upon a site for any new asylum, nor the plan which, profiting by experience, they might have thought it best to adopt. . . . Nor is this all. Heretofore it has been thought that the visiting justices, who were chosen by the general body, might be entrusted with the promulgating of rules for the government of the asylum. But by this bill this discretionary power will be taken from them. . . . Whether with respect to proposed or existing rules, they must all be submitted to the Secretary of State for his approval. The effect of this will be, that the judgment of the visiting justices, some of whom may have had experience in the government of an asylum, *must yield to the opinion of the Commissioners in Lunacy.*

The magistrates of Middlesex, in court assembled, January, 1846—

Resolved, upon reading the seventy-seventh report of the visiting justices of the county lunatic asylum (Hanwell), that it is the opinion of this court that any increased accommodation for the pauper lunatics of the county should be made adjoining the present establishment at Hanwell.

In the course of their argument the committee of visitors alleged that the plan they recommended, namely, that of building a new asylum on

land adjacent their own, would secure a saving of nearly £20,000 on the first outlay, and £2000 a year afterwards. The committee, moreover, professed serious apprehensions lest the success of the "non-restraint" system, which, strangely oblivious of how it came to be introduced at Hanwell, they claimed as their own, might be jeopardized by the erection of another asylum in Middlesex not under *their* control. The proposal was, however, overruled, and the asylum at Colney Hatch was commenced in May, 1849, H.R.H. Prince Albert laying the foundation stone. In his twelfth report (January 1, 1850), Dr. Conolly records the satisfaction with which he heard from the chairman of the "Additional Asylum" that "no mechanical restraint would ever be introduced there." The committee and medical officers of Hanwell co-operated cordially with the committee of Colney Hatch in making the new asylum in every respect worthy of that county and the then thriving cause of "non-restraint." The building was advanced with great energy, and in the last quarter of 1851, 100 patients were transferred from Hanwell to Colney Hatch. Dr. Conolly's report for 1851 (dated January 1, 1852) contains the following :—

As physician to the Hanwell Asylum, and long interested in the general improvements in the construction and management of such institution, I may, perhaps, be permitted to express the gratification with which I have seen the extensive additional arrangements so liberally made in this important county, in the new asylum at Colney Hatch, for the general comfort and the cure of the insane poor, and the adoption there, in frequent instances, of suggestions which have arisen out of the experience of the last twenty years. The vast extent of such an asylum is an acknowledged and an unavoidable evil, rendering the service of the house laborious and the superintendence difficult ; but the general plan of the day-rooms and sleeping-rooms, the spacious and cheerful airing courts, the commodious chapel, the school-rooms, workshops, and the large apartment for the recreation of the patients, are all consistent and gratifying illustrations of the progress of a system which excludes from that asylum, from its opening and for ever, all resort to mechanical restraint ; not one instrument of that kind being found among innumerable means taken for the treatment of the patients. It is impossible for me to conceal the satisfaction with which I see this full reliance on the soundness of the principles now steadily supported by the magistrates, in the older asylum at Hanwell, for twelve years.

It was perhaps only natural that the excusable elation of the great promoter of "non-restraint" in England should have diverted his attention from the defects of this huge establishment. As a matter of fact, it was constructed in violation of nearly all the principles laid down by Dr. Conolly ; and several of the points he singled out for commendation were those which, in the space of a very few years, were felt to be the worst features of the asylum and the most formidable obstacles to progress. Nevertheless, the signal triumph of the system Dr. Conolly did so much to establish in this country almost explains the oversight. We must also bear in mind that, although singularly clear and far-sighted, in advance of the most enlightened of his contemporaries, Conolly had not perfected his experiment. In regard to many of the corollaries dependent upon

the main proposition at that time demonstrated—namely, that violence ought not to be met with violence, or excitement repressed by physical coercion—he was still in the doubt. There are recommendations in the work on “Construction and Management of Asylums” scarcely less extraordinary than those with which the “Treatise” of Sir William Ellis abounds.* Sanatory science had no practical existence at this time. The discovery that houses for the poor ought to be as healthful in all leading particulars as the residences of the rich had not been made. Above all, the cardinal fact in lunacy, that disorders or diseases of the mind are the concomitant indications of and generally connected in the relations of cause and effect with functional disorders or organic diseases of the body, was either not suspected or very inadequately understood. It is therefore not difficult to see how the physician at Hanwell was induced to praise that which in calmer moments he would certainly have condemned, while he wholly failed to recognize defects and errors in construction which afterwards proved fatal to the efficient development of his own cherished idea, and entirely prevented progressive development in the direction his genius had pointed out, and to which the policy of his later years strongly tended.

The new asylum at Colney Hatch was at once placed on the same footing as the old establishment at Hanwell. Not a single effort was made to preserve it as an hospital, as the committee themselves say ought to have been done in the case of the older asylum, if the growing need of asylum accommodation was to be efficiently met. There would seem to be some especial disability on the part of committees, and indeed public bodies generally, which prevents their learning wisdom from the teachings of experience and observation. That the error and folly of attempting to overtake the need of the county by “providing for all lunatics”—and lunatics of all classes—*additional* accommodation, were recognized by the visiting justices of Hanwell, and, on their representations, known to the county board of magistrates, is apparent from the lucid exposition of the facts already quoted.† Nevertheless, no attempt was made to embody the principles laid down in practice. They reasoned well, but when the need of the moment called for action, the committee fell back bewildered on the crude notion of simply increasing the same kind of asylum room to meet the real or supposed increase in the number

* It is, I think, to be regretted that here and there in the works of Dr. Conolly occur observations likely to be misconstrued. For example, Mr. Tyerman, appointed medical superintendent of the male department at Colney Hatch in 1852, instituted a system of allowing the male and female paupers to dine together in the great hall. His report, dated January 1, 1857, contains the following complaint:—

“Many English and continental physicians who have visited the asylum, and made themselves acquainted with its details, have given their unqualified approval of the measure; but I would here advert to some observations in a recently published work on ‘The Treatment of the Insane without Mechanical Restraints,’ which are intended to affix to it an unworthy attempt at ‘ostentation’ and ‘display.’”

† See pages 166, 167.

of lunatics for whom provision was needed. They even resisted and resented the pressure brought to bear upon them by the Commissioners with a view to induce them to act on their own expressed convictions. This curious combination of acuteness and obtuseness should be studied for its own sake, as a phenomenon of the corporate character.

We have, thus far, been examining this question of an "additional asylum" for Middlesex from the Hanwell standpoint. It was desirable to do this, because Colney Hatch must be regarded as, in a very special sense, an offshoot of the institution founded just twenty years previously. Indeed, one of the objections urged by the visiting justices of Hanwell to an independent asylum was an alleged risk that the new establishment might not be conducted on the principles which, as the committee conceived, had been worked out in the then solitary asylum for the county, with a sagacity and courage which could scarcely be expected to exist outside their own body. In this misgiving the justices, perhaps, somewhat overrated their own merits, as they without doubt habitually over-estimated their claim to share the credit of Dr. John Conolly's historic achievement. Such honour as is due to the magistrates of Middlesex for supporting their resident physician in his arduous and—looking to the conditions, the appliances, and the surrounding circumstances of the feat—hazardous enterprise has been done them. It is a fact, as we have read in the jubilant language of Dr. Conolly, that Colney Hatch was designed and destined for the development of the non-restraint system in its entirety. The statement will probably awaken surprise in the mind of an observant visitor. He will experience considerable difficulty in reconciling the numerous and flagrant inconsistencies of the arrangements still in force at Colney Hatch with the views expounded in Conolly's interesting work on the "Construction and Management of Lunatic Asylums," and wholly fail to understand the satisfaction its author professed after inspecting the new asylum. It is impossible not to feel that either Dr. Conolly was easily gratified, or he had learned to be thankful for mercies so small as to be barely appreciable. Neither in original conception nor in fact can Colney Hatch be considered an institution in which the principles of *régime* and treatment laid down by that master mind could be completely and successfully worked out by the most indomitable will or acute administrative intelligence.

This will to some extent come out in the course of the digest I propose to make of the papers and reports relating to the asylum, following the line pursued in the addendum to the report of *The Lancet* commission on Hanwell. The documents illustrating the history of these asylums for the metropolitan counties have never been collected and collated for the reference of medical superintendents, committees, and others interested in the details of the task I have designated the care and cure of the insane. It will, I think, be convenient to find them thrown together, even somewhat rudely; and the present opportunity may be utilized for satisfying a need felt by students of lunacy, if not an actual necessity growing out of the enlarged practical views which are happily beginning to be taken of one of the most pressing questions of our socio-economic policy.

A document entitled "The Final Report of the Committee originally appointed by the Court to superintend the Erecting or Providing of an Additional Asylum for the Pauper Lunatics of the County of Middlesex," signed by the chairman, Benjamin Rotch, Esq., January 14, 1852, recounts the circumstances under which the institution was established. The justices look with pride on what they have accomplished. The praises lavished on the asylum by numerous and influential visitors in the year of the great Exhibition are acknowledged with gratitude; "but," they add, "your committee's first ambition is to satisfy the ratepayers of the county of Middlesex, and to deserve the approbation of the court, which intrusted to their care and diligence the execution of this great work of charity and humanity. Your committee use the words 'care and diligence' advisedly; they are unwilling to say '*experience*,' for what experience could there be of such a building?—a building which stands unrivalled as a lunatic asylum, unique in size, elevation, and accommodation, in this country, or perhaps any other." The peroration of the report is beautiful and appropriate:—"In the erection, fitting, furnishing, and completing the asylum at Colney Hatch, your committee have necessarily had a very large expenditure to deal with, and they have endeavoured to control that expenditure with the strictest economy compatible with what they believed the good feeling and enlightened views of the ratepayers of the county of Middlesex would expect at their hands, when, in fact, they were only adding to the county property in the cause of charity, and for the benefit of a very large class of our poor fellow-beings, doomed to suffer the greatest calamity that can befall the human family, your committee bearing always in mind these encouraging words of Scripture—'*He that hath pity upon the poor lendeth unto the Lord; and look, what he layeth out it shall be paid him again.*'—Prov. xix."

In plain terms, the committee had expended considerably more money than they had been commissioned to spend, and although the several items of outlay were duly discussed as they arose, it was doubtless comforting to fall back on so reassuring a quotation. The following extracts will place the story concisely before the reader:—

At the January session in 1847 (now five years ago), your committee was first charged by the court with the selection of a suitable site for a second pauper lunatic asylum for the county of Middlesex, the establishment at Hanwell having been found wholly inadequate to receive even one-half of the number for whom accommodation was required, and the only alternative for the remainder being to place them in workhouses, private asylums, or in public asylums at a distance belonging to other counties, in both of which last cases at an expense far beyond what they cost in the Middlesex county asylums, insomuch that the Strand Union (the lunatic paupers of which properly belonged to the asylum in the western division of the county), when applying to have their patients removed from licensed houses to Colney Hatch, represented that it was a loss to them of £6 8s. 0½d. per week to be kept from that accommodation. But besides this want of adequate accommodation, by reference to the visiting book kept at Hanwell, it was ascertained that the asylum being situated in the western part of the county, but few comparatively of the patients coming from the eastern parts were visited by their friends and relatives—a matter of very serious importance, equally as regarded the

happiness and cure of the patients and the humanity and care bestowed upon them. It was under these circumstances your committee were instructed to select a site in the eastern part of the county for the new building, in order that, by a proper selection of inmates for each asylum, no patients need be removed so far from friends and relatives as to be deprived of the solace which occasional visits from them are so well known to afford, a point also strongly and repeatedly urged by the Commissioners in Lunacy. Your committee made a personal survey of the eastern portion of the county, and soon selected the present site of the Colney Hatch Asylum, highly eligible in every respect, and which they purchased at a price of £150 per acre, the quantity purchased being 119 acres.

Previous to the competition, designs having been advertised for, it was publicly known from the printed reports and other official documents issued by the Commissioners in Lunacy that they had a strong feeling in favour of what are ordinarily called two-storied buildings (or buildings having only one story above the ground floor) for lunatic asylums, and this was mentioned in the advertisements; in consequence of which the competitors sent in two designs—one of two stories, necessarily, to satisfy the terms of the advertisement, and one of three or more to satisfy also the taste or judgment of the architect. . . . When the plans were brought before your committee for final approval, many objections were raised to the unreasonably extended ground plan which this limitation to two stories necessitated. . . . It was determined, therefore, to make a strong effort to induce the Commissioners in Lunacy to cede this point to your committee, and to allow the erection of a three-storied building at Colney Hatch.

For this object a deputation was appointed to wait on the Commissioners, and they were most courteously received; but all that they could urge on the score of extra expense, and the improvement of the elevation, failed to convince the Commissioners that they ought to yield the point. They remained inflexible, and the deputation retired, feeling that your committee had nothing left to them but to make the best they could of a necessarily plain and uninviting elevation, and, by a rigid economy in everything not essential for the building, to atone in some measure for the increased expenditure which your committee foresaw must necessarily be forced upon the ratepayers by this particular style of building.

. . . . Your committee felt that the court had confided to them a great public work, in which it would expect to find, when complete, all that modern science and the present enlightened views of humanity had rendered available for the care and comfort of the unfortunate class of invalids to whose use it was to be dedicated, and that they would not show a proper estimate of the generous sympathy of the ratepayers towards this suffering portion of their own poor neighbours, if they sacrificed to a feeling of false economy anything that could conduce to the bodily health of the patients, or that could minister to the mind diseased. Under these impressions, the large exercising hall of the asylum for the use of patients in unfavourable weather—which, from its size, utility, and simple construction, has attracted the favourable notice of all who were able to appreciate its importance—as also the two schoolrooms, were added to the original plan. Two ventilating towers, a clock tower, and two other towers which were not originally contemplated, were also added, together with pavilions for shade in each airing court. The chapel and offices were greatly enlarged, and (which may be considered the most important improvement of all) three feet in width and two feet in height were added to the whole of the wards, so that, in fact, the cubic contents of the building by all these additions were very largely increased.

The plans having been altered and enlarged . . . on the 8th of November,

1848, tenders were advertised for, and when opened they presented the remarkable feature of the lowest tender being £61,000 below the one next above it. The lowest tender was for £138,000.

The foundation-stone was laid by his Royal Highness Prince Albert, on the 8th of May, 1849; . . . and on the 31st of October, 1850, less than eighteen months afterwards, this immense building was placed in the hands of your committee, complete so far as the builder and his original contract were concerned; and as it became necessary at once to place it in the care of some responsible person, the matron, Mrs. Meriton, who had been elected (as the court are aware from former reports) in the month of August previously, was at once called into residence, to commence the cleaning and the preparation of the building for the reception of furniture and stores.

In two months afterwards the steward, Mr. Henderson, was also called into residence, and that officer and the matron, under the direction of the committee, soon arranged all the necessary furniture and stores for the reception of patients. On the 17th day of July, 1851, the asylum was announced to be ready for the reception of those who were to be its future inmates, and eight patients from Bethnal Green, four from the Whitechapel Union, one from Islington, and one from the Barnet Union, were received on that day; the two medical officers, Dr. Hood and Dr. Davey, having been previously called into residence, and having taken possession of the apartments prepared on each side of the building for their respective official occupation.

The committee proceed to show how, Middlesex being now provided with two asylums, the "accommodation" as a whole was to be distributed :—

It will no doubt be recollected that, shortly after the present committee had been appointed last year, a scheme was presented by them to the court for dividing the county, for the purposes of the two asylums, into an eastern and a western district, and the greatest care taken by your committee so to make that division with due reference to the amount of population in each, and the contemplated superiority of size of Colney Hatch over Hanwell, that each asylum might be comparatively equally full, with only a sufficient surplus accommodation in each for the admission of recent cases; under which circumstances alone could a fair comparative estimate be made of the proportion of cures effected in the county of Middlesex.

The districts proposed were as follows :—

The EASTERN DISTRICT included *Barnet Union*, comprising the parishes of Finchley, Friern Barnet, Hadley, South Mimms. *Edmonton Union*: the parishes of Edmonton, Enfield, Hornsey, Tottenham. *Holborn Union*: the parishes of St. Andrew, Holborn, and St. George the Martyr, the parish of St. Sepulchre, the liberty of Saffron Hill, Hatton Garden, and Ely Rents. *Hackney Union*: the parishes of Hackney and Stoke Newington. *London (East) Union*: the liberty of Glasshouse Yard. *Poplar Union*: the parishes of Bow, Bromley, Poplar. *Stepney Union*: the hamlet of Mile End Old Town, the parishes of Limehouse, Ratcliff, Shadwell, and Wapping. *Whitechapel Union*: the parish of Christchurch, the precinct of St. Katherine, the hamlet of Mile End New Town, the liberty of Norton Folgate, the parish of Whitechapel, the liberty of East Smithfield. The parishes of St. George in the East, Clerkenwell, Shoreditch, St. Luke Middlesex, Islington, Bethnal Green, St. Pancras.

The WESTERN DISTRICT contained the undermentioned unions with their

parishes :—*Brentford Union*, with the parish of Acton, the township of Brentford, the parishes of Chiswick, Ealing, Hanwell, Heston, Isleworth, Twickenham. *Fulham Union*: the parishes of Fulham and Hammersmith. *Hendon Union*: the parishes of Hendon, Edgware, Harrow, Kingsbury, Great Stanmore, Little Stanmore, the hamlet of Pinner, the parish of Willesden. *Kingston Union*: Hampton Court and Hampton, the liberty of Hampton Wick, the parish of Teddington. *Staines Union*: the parishes of Staines, Bedfont, Feltham, Hanworth, Harmondsworth, Littleton, Stanwell, Ashford, Haleham, Sunbury, Shepperton. *Strand Union*: the liberty of the Rolls, the parishes of St. Anne, St. Clement Danes, St. Mary-le-Strand, St. Paul Covent Garden, the precinct of the Savoy. *Uxbridge Union*: the parishes of Harefield, Hayes, Hillingdon, Ickenham, Northolt, the precinct of Norwood, the parish of Ruislip, the township of Uxbridge, the parishes of West Drayton, Cowley, Harlington, Cranford, Perivale, Greenford. The parishes of Hampstead, Kensington, Paddington, St. George Hanover Square, St. Giles in the Fields, and St. George Bloomsbury, St. James, Chelsea, St. Martin-in-the-Fields, St. Margaret, and St. John the Evangelist, St. Mary-le-Bone.

. . . . It is only since the addition of Colney Hatch to the county establishments that the real wants of the county of Middlesex in this particular can be considered to have been properly met; and it only needs to have been present at the arrival at Colney Hatch of some of the patients sent lately from the various private asylums, to have a due sense of the importance of such an establishment, and to be convinced how utterly and necessarily inadequate are the means at the command of small private establishments to meet the modern demands of humanity and science. Your committee are informed that many of the patients removed were in a most painful state of restraint, while some were in a condition which should have secured them from being in confinement at all.

This statement brings your committee to the present statistics of the asylum. At this date [that is, January, 1852] there are 371 adult males and 12 male children, and 613 adult females and 8 female children in the asylum, making a total of pauper inmates of 1004. Since the opening of the asylum on the 17th of July last there have been 1095 patients of all classes admitted, of whom 22 males and 23 females have died; 18 males and 25 females have been discharged cured; and 1 male and 2 females discharged on the requisition of their friends, or removed to other counties not cured.

From the statement of accounts appended to the report of the committee, 1852, it appears that the asylum to the close of 1851 had cost £290,092 6s. Of this amount, £19,786 4s. 8d. had been expended in land, about £140,000 in building, and the remainder in furniture, fittings, and other matters, together with the expense of conducting the institution during the first six months. A note to the "Guide through Colney Hatch Lunatic Asylum," published by authority in 1852, runs as follows :—

It was originally contemplated that the building would only be required for 1000 patients, but its extreme length is 1883 feet 8 inches (or something more than the third of a mile), and with the width of the galleries 14 feet, so that the asylum is, in fact, capable of being made eventually to accommodate, with careful arrangement, 1300 to 1500.

Speaking roundly, the original cost of Colney Hatch may be estimated at a little under £280 per patient.

I have already quoted (p. 118) a passage from the eleventh report of the Commissioners, dated March, 1857, to show the strong, and, as I believe, well-grounded, objection then taken to large asylums. The occasion of these remarks was an appeal by the committees of Hanwell and Colney Hatch for official sanction to enlarge both asylums.

A communication to the Secretary of State by the Commissioners, dated July 5, 1856, contains the following :—

In their report to the Lord Chancellor, twelve years ago, the Commissioners pointed out the advisability of applying distinct conditions of treatment to curable and incurable patients, and it is their duty now to point out to the Secretary of State that it has been by the accommodation of incurable, particularly idiotic and demented cases, that the existing asylums, built at great cost as hospitals for relief and cure, have become inadequate to the objects originally proposed by them. It is thus that, while still capable in their present condition of accommodating all curable cases, they have been rendered incapable of receiving them.

So long ago as 1834, the resident physician of the Hanwell Asylum called the attention of the magistrates to the “melancholy fact of the house being filled by old and incurable cases ;” and from the last report of the medical officers it appears that, of the 1019 patients in the asylum at the end of 1855, in 26 only had the disorder been of less than one year’s, and in 17 of less than two years’ duration. So too, in regard to Colney Hatch, although the number of recent cases admitted there has been greater than at Hanwell, still a large mass of harmless, incurable inmates was passed into it from workhouses and private asylums as soon as it was opened : and in a short time it will be filled, like Hanwell, with this class of patients, to the exclusion, as at Hanwell, of recent and curable cases, and to the total sacrifice of the main object for which it was erected at so great a cost.

In further illustration of these views, and in proof of the inadequacy of the means taken up to this date, and now [1856] proposed to be again resorted to for meeting the large and steadily advancing increase in the number of pauper lunatics requiring suitable accommodation in the county of Middlesex, the Commissioners desire to call Sir George Grey’s attention to the leading facts observable in reference to such increase since the two asylums were first built.

In the year 1831 the first asylum for the county of Middlesex was erected at Hanwell for 500 patients. At that time it was supposed to be of ample size to provide for the wants of the county, but in 1833 it was reported to be full, and in 1835 it contained more than 600 patients. In 1837 it became necessary to further enlarge the building for 300 additional patients ; and at the present time it contains 1000. In the mean time, in 1845, the insufficiency of the accommodation provided for the pauper lunatics of the county had nevertheless again been brought under the notice of the court of quarter sessions, and a proposal to erect a second asylum at Hanwell for 1010 patients, in close proximity to the present building, had been submitted by the visitors to the Secretary of State ; but this plan was so strongly objected to by the Commissioners in Lunacy that it was abandoned, and ultimately a second asylum was erected at Colney Hatch, capable of accommodating upwards of 1200 patients, at a cost of £290,000. The new asylum was opened in 1851, but almost immediately it became filled with a mass of chronic incurable patients ; and now, within a period of less than five years, it has again become necessary to appeal to the county to provide further accommodation for its pauper lunatics. From a return appended to the last

report of the committee of visitors of Colney Hatch, it appears that at the end of the year 1855 there were 3350 lunatics chargeable to parishes in the county of Middlesex, who were distributed as follows :—

In Colney Hatch Asylum	...	...	...	...	1223
In Hanwell	...	...	...	...	1009
In various licensed houses	...	...	...	...	490
In workhouses	...	...	...	...	553
With friends	...	...	...	...	75
Total					3350

Thus, during the last six years, there appears to have been an increase of 1015 in the number of pauper lunatics, and in 1855 there was an increase of no less than 253 over the previous year. According to the above return, therefore, 1118 pauper lunatics were not provided for in the county asylums at the close of last year.

This was at the end of 1855, just ten years after the “insufficiency of the accommodation provided for the pauper lunatics of the county” was brought under the notice of the court of magistrates, with a proposal to erect a second asylum at Hanwell, which was afterwards replaced by the scheme of building Colney Hatch, carried into effect in 1851. Thus rapidly does the need outstrip every effort to satisfy it, and it will continue to do so while the policy pursued is simply that of providing *additional accommodation of the same class* as often as it may be needed.

After many wise counsels, much controversy, and a final concession on the part of the Commissioners, the asylum was enlarged, and in the report of the committee of Colney Hatch for 1858, dated 12th January, 1859, I find this passage :—

Whether the further accommodation thus provided, together with the additional accommodation at Hanwell, will be sufficient to meet the wants of the county, the committee cannot decide. They are unable to give a positive opinion what progressive increase the returns from the different parishes will again show in the number of pauper lunatics, as the Commissioners in Lunacy seemed to anticipate in their last report. But, as far as they are able to judge from such returns as they have seen, they fear that their anticipations will be realized to the extent of 200 additional patients at least. Be this as it may, while they differ as strongly as ever from the argument against large asylums on the only two points which concern the county of Middlesex, those of cure and of cost, they must still submit that it will not be expedient to increase this asylum at any future period. Should further accommodation be unfortunately required, it must be provided elsewhere. A machine, however perfect in its arrangements, and however well it may be worked, may become unwieldy and unmanageable from its very vastness ; and the committee believe that the size of Colney Hatch has now reached the limits of practicable and useful management.

The following return will show the state of matters in Middlesex from the opening of Colney Hatch asylum up to a period immediately after this enlargement :—

Summary of the Gross Number of Lunatics and Idiots chargeable to the different Parishes and Unions in the County of Middlesex, and to the County, during the last nine years :—

In the year

1850	...	...	2370	
1851	Increase		95	
			—	2465
1852	Increase	...	274	
			—	2739
1853	Increase	...	159	
			—	2898
1854	Increase	...	226	
			—	3124
1855	Increase	...	261	
			—	3385
1856	Increase	...	54	
			—	3439
1857	Increase	...	59	
			—	3498
1858	Increase	...	221	
			—	3719

	1854.	1855.	1856.	1857.	1858.
Patients in licensed houses	371	490	461	471	565
Patients in workhouses or with friends	494	628	664	708	866
Patients in the two asylums	2259	2267	2314	2319	2288
	3124	3385	3439	3498	3719

In his letter finally acceding to the proposal to enlarge the two existing asylums, in 1856, Sir George Grey expressed his belief that "a third asylum will be found to be necessary at no distant period." The erection of the metropolitan workhouse asylums afforded a temporary means of procrastinating the evil day, but it came at last, and the magistrates of Middlesex have been compelled to build a third asylum at Banstead. The vicious circle of "additional accommodation" by enlargement will probably be traced once more, and a fourth asylum erected,* unless, in the mean while, the court contrives a method of reconciling practice

* The abstract of returns appended to the report of the committee of Colney Hatch, presented at the January quarter sessions, 1876, shows the following totals :—

In the asylum at Colney Hatch	...	...	2090
" " Hanwell	...	...	1825
In other asylums and licensed houses	...	...	934
In the Metropolitan district imbecile asylums	...	...	2978
At the workhouses	...	...	449
With friends or in lodgings	...	...	298
			8574

with principle. Will the magistrates of Surrey be more successful in solving the economic problem of supply satisfying, without increasing, the demand?

TREATMENT.

It is difficult to describe—and perhaps impossible to formulate—the treatment of mental disease at Colney Hatch. Probably nowhere is a keener interest evinced in the patients of an asylum, or greater efforts expended on their behalf. The vastness of the institution and the multitude of its inmates are, however, overwhelming obstacles to treatment in the true sense of the term. This condition of matters is the more to be regretted because the pains of the medical superintendents are not adequately requited, and the nature of their work is even misunderstood. The first step in treatment must be to place the patient amid circumstances favourable, and, if possible, contributory, to his recovery.*

This is impossible at Colney Hatch. If a man or woman is violent, excitable, or dangerous, he or she must be placed in association with other patients similarly affected or disposed. The immediate consequence of this association is, beyond all question, to produce an exacerbation of the disorder. The visible disturbance may not be greatly increased, but the mischief wrought by mental excitement on the mind and mental organism of an insane patient cannot be gauged by the outward indications. In his report for 1872 Mr. Marshall complains that “the health of many of the patients admitted was much impaired from the great mental excitement from which they had been suffering prior to admission.” The body suffers much in the prolonged paroxysms of mania and epilepsy; but the mind is the seat of even greater disorder, and it receives permanent injury. We are sure the observant and painstaking superintendent of the female department cannot go round his refractory and more turbulent wards and airing grounds, and watch the alternately seething and explosive excitement of patients, young and old,

* “While according every praise to the zeal and industry of the superintendents, exercised under difficulties of an exceptional character, our visit on this occasion confirms us in a conviction we have long entertained, that an asylum of this magnitude, and occupied by the description of patients now here, is quite beyond satisfactory management.”—*Report of Commissioners in Lunacy*, May, 1873.

without feeling that it is a monstrous evil cases mutually irritating, if not distressing, should be thrown together. No medical practitioner aggregates cases of fever. He knows that the morbid poison derives new strength and energy from concentration. Analogous mischief is wrought by crowding cases of mental turbulence. The inflammatory effects of ill-temper, passion, aversion, and dread, are heightened by the attrition of disordered minds forced into contact. Not only is the difficulty of preserving discipline increased: the operation of mild suasive constraining influences is rendered abortive. Coercion must take the form of physical-force compulsion, authority enforced by fear, peace preserved by bribes.

While visiting the female wards we had unfortunately several opportunities of observing the baneful effects of association in excitement. There was an excess of vehement declamation and quarrelling among the large number of women of all ages, orders, and temperaments, huddled together, and we witnessed several personal onslaughts promptly stopped by force, judiciously and kindly applied, but significant of the undesirable system pursued and its injurious consequences. Excitable lunatics will quarrel and fight, but that is a reason for minimizing the opportunities of disagreement and occasions of encounter, not multiplying both. It is impossible repeated ebullitions of temper can occur without reflected injury to the brain. Nor is this all. Just as hallucinations of sight become more vivid by dreamy indolence, in which the mind wanders unchecked through its chambers of imagery, hallucinations of hearing gain distinctness and strength by mental listening, and delusions deepen to convictions by repeated assertion—so wilfulness becomes more obstinate by the example and practice of insubordination and defiance. We were concerned to see too many instances in which not only did young women and girls refuse obedience to the reasonable directions of the superintendent, but showed marked defiance, and even used threats. There is always a large element of wantonness in the intractability of insane patients, and it is a circumstance of exceeding gravity when this cannot be held in salutary check by suasive authority.

Moral measures of control are manifestly of small avail in many of the wards at Colney Hatch. It would be as easy to

tame a wild horse in the midst of his herd as to control an insane virago by kind sternness under the conditions that exist and the surroundings created by the system extant at this asylum. The majority of the inmates, regarded *individually*, are, however, plainly amenable to moral treatment. Even the parties in the attempted fights we witnessed were coherent in their rage, and gave plausible reasons for their animosity when passion was partially appeased. The medical superintendent has clearly a task of exceptional difficulty to preserve the moral quiet so essential to the restoration of disordered minds. It is fortunate that some of his more hopeful cases can be removed, when convalescence approaches, to a small detached building, which has been wisely provided for use as an hospital in time of epidemic disease. A multiplication of such separate blocks would be a work of real economy and prudence. The men are generally more tractable than the women in this as in other asylums, and the wards under Dr. Sheppard's care generally exhibited less evidence of excitement; but in these the mischievous results of crowding similar cases were, not less clearly, though differently, apparent. The stolid faces of advanced paralytic, epileptic, and melancholic patients everywhere reflect the depressing effects of the surrounding despondency; and, what is worse, they absorb more of the morbid gloom than they reflect.

Having said thus much of what we consider to be the initial mistake of aggregating cases in large wards, it is obvious we cannot attach great value to the treatment of mental disease by moral remedies as carried out at Colney Hatch. We have observed that the intention is praiseworthy if the effort fails in fulfilment. We would not on any account be supposed to echo the complaint which Dr. Sheppard, in his report for 1869 stigmatized as a misrepresentation—namely, that the medical policy at this asylum was “making no progress,” and that the medical superintendents were “not versed in the humanitarian treatment of disease.” Nothing, so far as we have been able to form an opinion, can well be farther from the truth. The medical superintendents are doing their utmost, but the conditions in which they labour must be fatal to the best and most intelligent endeavours. Give the same

gentlemen half or a third the number of patients, place them in a suitable building, let them select their own agents and appliances, and leave them undisturbed, and we believe the issue would be a treatment of mental disease humane, scientific, and successful, neither of which the treatment at Colney Hatch Asylum can be under existing circumstances. We say this advisedly, notwithstanding the proportion per cent. of "recoveries" shown in the table appended [Comparative Table of Results, Colney Hatch].

The figures upon which this proportion is calculated are arrived at by a process so untrustworthy that we cannot attach much value to the estimated result. The curability of cases is in great part inferred from the fact of their having been cured, a manifestly inaccurate process, but the only one open to us. The most satisfactory element of the treatment is that which relates to the physical phases of the malady. Dr. Sheppard has, as already stated, introduced the Turkish bath, and it is found to produce the best effects. It promotes the action of the skin, always much disturbed in nervous disease, it soothes, and it induces sleep. The bath might with advantage be enlarged at this asylum, and its value should surely be recognized, and its powerful aid secured at other institutions. Dr. Macleod has just reported warmly of the service it has done at the Naval Lunatic Asylum. The general health of the patients is well cared for, and all due precautions are taken against the introduction or spread of infectious disease. Care is also exercised in the use of narcotics. The prejudicial effects of opium, too commonly employed in cases of puerperal and some of the other forms of mania, are borne in mind, and the recourse to sedatives and narcotics is limited. The shower-bath is, we are assured, used only as a physical remedy, not as a punishment. A considerable amount of liberty is allowed to convalescent patients, many being permitted to visit their friends in charge of an attendant. The results of this humane practice are entirely satisfactory.

We now come to what, notwithstanding the well-considered and carefully expressed opinion of Dr. Sheppard, we must continue to regard as a very fair test of the point to which the moral treatment of insanity has risen in an asylum—the recourse to "restraint" and "seclusion." In his report

for 1873, the medical superintendent of the male department complains of the "dicta of those who are too prone to gauge the excellence of an asylum's management by the paucity of its 'restraint.'" We can readily believe that too much stress may sometimes be laid upon the non-recourse to mechanical coercion. In a report of the Quebec Lunatic Asylum, Lower Canada, which lies before us, we find the following stricture on the practice rapidly becoming national on this side of the Atlantic:—"The English system of non-restraint (superintendence and repression by keepers, isolation in cells) is only a system of physical restraint in disguise." We do not desire to challenge the justice of this criticism; we only say, if it be correct, the reform is not so honestly carried out as we have supposed it to be. Dr. Sheppard contends that there are cases where it is not only merciful, but agreeable to the patient, to apply restraint judiciously. He approves of the use of gloves and other appliances—carefully and considerately applied and jealously watched. The practice is, however, very seldom adopted and almost unknown in late years, except in surgical cases, where there can be no question as to its expediency.

"Seclusion" is more extensively used, but even in this respect there is a marked improvement. The following statement is culled from the reports of the Commissioners of Lunacy. There was some deficiency in the information for certain years, kindly supplied to us at the asylum, and we have thought it better to reproduce the figures returned to the Commissioners. Although these do not fit in with the yearly record in point of date, the general result is the same, and the totals of the ten years, whichever way we take them, must of course be identical. The use of this remedy will be seen, as might have been expected, to be less frequent on the side of the males than on that of the females. We have not thought it desirable to take cognizance of the difference of sex in our general statistics, because we are dealing only with numbers in the aggregate. What we shall have to remark on the disparity of conditions and results in the case of the two sexes will come most fittingly at the close of these reports, when we are able to discuss the general stock of information collected.

	MALES.		FEMALES.	
	Cases.	Instances.	Cases.	Instances.
1865 from Aug. 1864 to Aug. 1865 ...	107	387	164	970
1866 „ Aug. 1865 „ Nov. 1866 ...	105	281	218	937
1867 „ Nov. 1866 „ Nov. 1867 ...	72	158	169	822
1868 „ Nov. 1867 „ Oct. 1868 ...	73	110	165	834
1869 „ Oct. 1868 „ Aug. 1869 ...	...	104	...	780
1870 „ Aug. 1869 „ July 1870 ...	25	36	148	624
1871 „ July 1870 „ Oct. 1871 ...	37	42	148	559
1872 „ Oct. 1871 „ June 1872 ...	34	64	96	261
1873 „ June 1872 „ May 1873 ...	23	35	134	351
1874 „ May 1873 „ May 1874 ...	14	20	137	380
	490	1237	1379	6518

	Persons.	Instances.
Total for the ten years from 1865 to 1874 ...	1869	7755

It is only fair to state that Dr. Sheppard is no empirical advocate for "seclusion." In the asylum reports for the last ten years we find many statements of his views unfortunately opposed to expressions of opinion by the Commissioners. Dr. Sheppard believes that the violence of the crusade against "restraint" and "seclusion" is of a piece with the fashionable revolt against blood-letting, and he affirms that all these headlong tilts against particular modes of practice are liable to be carried to the opposite extreme. He is of opinion that there are cases in which to relieve a patient ruthlessly intolerant of clothes from the irritation of clothing, to restrain a patient violently or viciously mischievous and destructive, to remove the stimulus of light and noise from a patient preternaturally irritable, or to exert the moral influence of separation from his fellows and confinement for a suitable period on a wilful insubordinate, may be not only expedient but humane. He cites instances of patients who have acknowledged the value of these various methods of treatment, and expressed thankfulness for their employment. Some have even dated their recovery from the exhibition of one of these popularly condemned and stigmatized methods of treating turbulent lunatics.

We reserve our own rejoinder to these propositions, but it

is right they should be stated, and that it should be distinctly understood how completely the plan of treatment pursued at Colney Hatch is supported by arguments claiming fair consideration, however much we may differ from the conclusions to which they are intended to direct the judgment of the reader. Of the concerts, readings, recitations, and the like, freely provided at Colney Hatch, Dr. Sheppard, in his latest report, remarks that they are "essentially curative to many and absolutely consolatory to all, and therefore, as it seems to me, necessary." This opinion of the great practical value of entertainments is almost unanimous in asylums. We are glad to find the "remedy," for such it really is, in full use here. If it were only possible to substitute for the classifications at Colney Hatch a system of dealing directly with individual cases, the "treatment" would be entitled to high rank and confidence, and leave little to be desired.

The committee of Colney Hatch set out with the misconception that two medical superintendents must needs be better than one. Whether they were enamoured of the position assumed by the visiting justices of Hanwell Asylum upon the retirement of Dr. Conolly, it is not for me to determine. Without doubt that position of authority was attractive; viewed from an outside standpoint, it may even be described as dazzling. What the committee of Colney Hatch apparently failed to recognize was that their brethren at Hanwell inherited the prestige achieved by the exceptionally skilful administrative faculties of Dr. Conolly. When Colney Hatch was constituted on the truncated system in existence at the older asylum, the error was that of mistaking a misfortune for an advantage. It may, in a certain sense, be held excusable that the visiting committee of Hanwell, being unable to replace Dr. Conolly, elected to carry on the institution with the official staff left when he retired. I have already expressed a strong opinion on this policy, but it was, at least, intelligible. For the choice of a divided system at the new asylum there can be no apology, and it is difficult to dismiss the thought that the magistrates of Middlesex, who had already laid claim to inordinate credit for their share in the abolition of restraint, conceived it entirely within the province and scope of their ability to open and conduct the "additional asylum" on a footing of *lay* management.

There is abundant evidence that in fact and practice this is the principle upon which the establishment at Colney Hatch was constituted, and has continuously been administered. Some of the more pressing evils resulting from this fundamental fallacy are exposed and characterized in the report. The system is essentially erroneous, and its consequences injurious. It can scarcely be necessary to emphasize what has been said formally, in the report, to the effect that nothing is alleged or implied

against the manner in which the justices now forming the committee of visitors exercise their authority. I have stated, and it is my persuasion, after carefully examining the asylum reports from the outset, that on many occasions the lay committee has been right when the medical officers were in the wrong. This, however, cannot be allowed to qualify the assertion that the *medical* authority ought to be paramount in every asylum. The reasons for this belief have been repeatedly enforced.

It would be easy to cite the opinions of nearly all medical writers in support of my contention; but, addressing myself to laymen, I doubt whether anything would be gained by the accumulation of testimony on the professional side of the point in dispute. It may be more serviceable to set out concisely the actual claims I put in on behalf of medical management. It is not a wild plea for the control of funds, the distribution of such patronage as may be supposed to accrue to the governors of a large establishment with vast daily necessities and a large salaried staff. I think the committee of Hanwell were right when they asserted that medical men are not, by their methods of thought or habits of life, well fitted for treasurers and accountants.* That does not, however, affect the issue. I will state it as clearly as I can.

If the medical superintendent, or officer, or physician, call him what you will, is not supreme; if there is another authority behind his to which attendants can appeal, and of which patients become conscious, it is impossible that discipline or order should prevail. The lack of proper medical authority is apparent at all points in the management of Colney Hatch. It is like a gigantic workhouse establishment, with masters, medical officers, officials of various grades and classes, looking up to "the committee," and lay dignitaries stepping in at all points and qualifying everything. The medical superintendent must do this, and may not do that. He is only a superior sort of servant out of livery, who discharges the "medical" duties of the establishment under the presiding genius of the chairman and the committee, and carries out their behests.

To speak plainly, it was an act of unparalleled presumption on the part of the magistrates of Middlesex to declare, when they built Colney Hatch, that restraints were to be for ever excluded from that establishment. Suppose a medical officer who approved the restraint system were appointed to the superintendence of this asylum, would the committee of unskilled visitors dare to limit his discretion? I put this question as an uncompromising opponent of restraint in any shape, and entirely sympathizing with the intention which inspired this announcement made by the chairman of Colney Hatch in 1849.† Nevertheless, I fail to see how any committee could have felt themselves justified in binding the physicians of an asylum, in perpetuity, to adopt a particular practice. The procedure was indefensible. It would be neither less nor more reasonable for a committee of laymen to make a solemn declaration that henceforth lawyers shall not engross their deeds on parchment or tie them with red tape. A body of subscribers can devote an institution supported by en-

* See page 116.

† Page 169.

dowments—duly assigned—to any purpose not opposed to public prudence, and may make laws to fix the custom to be entailed, though even then it might be necessary in process of years to “shake off the grasp of the dead hand.” No such power, however, exists in regard to the constitution of a public asylum for county purposes, erected and maintained out of the yearly rates. I venture to surmise that any attempt to enforce the rule made by this committee would be found abortive in law or equity. The question is not likely to be tried; but no public body should place itself in a position to find its pretensions disallowed when brought to the bar of justice. No committee has anything whatever to do with medical treatment. The appeal, as regards restraint or non-restraint, lies to medical practitioners, and to the profession *alone*. The perfect freedom of science must be affirmed and defended, or there can be no progress.

The evil consequences of subordinating the medical to the lay authority in an asylum cannot be easily exaggerated. Unless the physician is able to select, change, redistribute, or combine his agents at will, without asking leave of anybody, he is in the position of the artist who paints a picture or carves a statue under the direction of his patron. No good or great work was ever accomplished beneath so crippling and blighting an influence. I can conceive of no more abortive or hopeless effort than treating lunacy in one of these committee-ridden establishments. Asking a medical officer to permit a lay committee to engage or dismiss his attendants is precisely the same thing as undertaking to select his drugs. I am amazed to find that men so able and experienced in the ways of the world as the chairman and many of the committee at Colney Hatch do not recognize the truth of this proposition. I can understand their exercising a moral and general authority over the establishment through its medical head; but it is inexplicable that they should think the cure of lunacy can make any solid advance at Colney Hatch, or that asylum achieve the prestige of Hanwell—which grew up under the supreme administration of Dr. Conolly—while the medical superintendence is divided and the lay authority paramount. However, there always have been two medical superintendents at Colney Hatch, and, of course, a double series of reports. Indeed, every official down to the gardener and the gate-porter reports at Colney Hatch.

The following extracts from the first reports of Dr. Hood and Dr. Davey will place on record the views and policy with which the original superintendents entered on their labours, and the general classification and system of treatment they thought fit, or found it possible, to adopt. I will quote at the outset from that of the superintendent of the male side, Dr. (afterwards Sir) Charles Hood, subsequently resident physician at Bethlem. It is dated December, 1851.

The principal object of the building being to provide for such patients belonging to the county of Middlesex who, from want of accommodation at Hanwell Asylum, were either confined in private licensed houses, or were left to the more scanty provision of the workhouses, it will be readily believed that our wards were, when once open, speedily filled with many chronic and incurable cases; these were not, however, as time (though brief) has already proved, without some

hope of amelioration. A few of the cases admitted were of a more recent date, offering a prospect of cure fully realized by their subsequent discharge. Each admission day still brings its applicants; and the known capabilities of the building induce us to hope that when all the insane paupers of Middlesex have been received, either in the Hanwell or Colney Hatch Asylum, there will still be a few spare beds for any urgent and acute cases. This will be a provision which has for many years been loudly called for, and which promises ultimately to lessen the number of permanent inmates; for the unfortunate patient will then not only receive, upon the primary accession of an acute attack, such professional aid as may tend to his immediate and speedy recovery, but, by furnishing him and his friends with advice for his future course of life, may decrease the chance of any further remission: in other words, a few weeks of seclusion will be substituted for perpetual confinement; the asylum will partake of the nature of a hospital; and the patient, by having his malady attended to in an early stage, may, instead of sinking into a condition of total mental darkness, become again the support of his family and a useful member of society.

This building, among its other advantages, can boast, from its size and extent of capabilities, of a more perfect plan of classification than in any other asylum. The visitor will here find wards appropriated to the paralytic, the epileptic, the idiotic, helpless, and demented; the maniacal, incoherent, and refractory; the aged and infirm, the sick and dying, and those in the more gratifying state of convalescence. A few words may be said on either or all these classes.

The Paralytic.—This class may be defined as labouring under paralysis combined with mania, and contain many cases of the disease recognized in France as *paralysie générale*—in England as “general paralysis” of the insane. These may be said to require a special plan of treatment. Their diet should be generous and nourishing, without being of a stimulating character; everything that may add to their strength—of which corpulency (not unfrequent among them) is no test—is highly necessary for their well-being. In lieu of soup, I prefer giving a meat dinner; a small quantity of malt liquor, but that sufficiently good to add tone to their system rather than gratify their appetites. I think warm bathing most essential for cleanliness, but beyond that, contra-indicated, anything which lessens the nervous energy should be avoided. Tobacco is calculated to depress, and should be withheld or given sparingly. Aperients are constantly called for. Local depletion in the form of leeches applied to the head may sometimes be necessary; but I think the instances where depletion is called for are so rare, that I would fain not acknowledge it as a means of treatment. In fact, so little can be done for this class of patients that a nourishing diet, warm clothing, exercise, and kindness to their little wants, added to, at any rate, apparent interest in their exaggerated conceptions, is all the treatment effectual.

A separate class has been made of the *Epileptics*, and, ninety-seven having been admitted, three wards are set apart for their use; added to which, some from the violent character of their paroxysms, and others from their dirty habits, are necessarily classed among the more helpless and aggravated inmates. Two of the three wards contain epileptics whose seizures are periodical and of short duration; these enjoy during the intermission a fair share of health and bodily comfort. In the remaining ward are epileptics whose paroxysms are of a severer type—occurring more frequently, and fast verging on dementia. I was induced to make a separate class of epileptics, and keep them in distinct wards, from the knowledge that, to an eye-witness not similarly affected, the seizures are very painful, causing the most distressing sympathy: their temper is peculiarly irritable, and much of

their comfort and health depends upon the light nature of their food and its judicious administration as to quantity. Such and all other modifications of diet are more easily carried out when the classes are kept distinct.

The Idiotic and Demented.—Many of these unfortunates being helpless and of dirty habits are, by unanimous consent, classed by themselves. Such form not the dirty or foul ward, but the dirty school of Colney Hatch, where the demented in his second childhood, alike with the little idiot, is taught by habit, if not susceptible of higher instincts, to attend to the calls of nature and pay some heed to personal cleanliness. That such patients are susceptible of improvement in their habits by attention and care is shown by the number who have already been promoted to better wards and more agreeable associates.

Those suffering from *Chronic Mania* and *Melancholia*, with occasional incoherence and symptomatic delusions, occupy the majority of wards in the building, varying in their state from the most advanced stages of disease to the convalescent.

The *Violent* and *Refractory* are, for the comfort and safety of others, no less than their own security, located in separate wards; all the modern appliances of the non-restraint system taking the place of the *glove*, the *muff*, and the *chair*.

That the *Aged* and *Infirm*, demanding more generally the services of the cook and nurse, rather than the physician and apothecary, should have a ward for themselves, where they can, without annoyance or anxiety, eke out their few remaining days, must be apparent to all.

The *Sick* and *Dying* occupy the infirmary, if wilful dirty habits or violent conduct does not unfit them for the ward.

In addition to the above ample accommodation, the committee, ever ready to lend their assistance to what appears conducive to the benefit of the asylum, have consented that a small ward, containing about fifteen beds, shall be appropriated to several patients who, from their age (averaging from ten to fifteen), may be looked upon as boys, both in mental endowment and physical strength. This ward is to be opened immediately, and styled the "Juvenile Ward." From the similitude of their cases (all being styled either idiotic or demented from congenital epilepsy), their treatment is very similar, and I trust it will be the means not only of preserving and improving their bodily health, but also of preventing their imbibing much corruption incident upon constant association with others far advanced in age and sin, who have, unhappily, spent the greater part of a long life either in the wards of a prison or lunatic asylum.

I have elsewhere spoken of the advantage to be derived from classification; but it is possible to push a good measure to an injurious extent. This is done when cases of the same description are crowded together, as pointed out in the report, so as to aggravate their maladies. The system adopted at Colney Hatch at the outset has scarcely been modified, and the institution is to-day old-fashioned, and in many respects obsolete. Teachable idiots are no longer sent to these asylums, but for the most part located in special houses, and to some extent trained. In other respects, there has been scarcely any progress, and no intelligent reform. The following passage suggests a necessary caution with regard to work, and the provision of occupations for the insane:—

I am more and more convinced that the greatest adjunct and assistant we possess in carrying out our non-restraint system of treatment, and the most efficient aid to pharmaceutical remedies, is occupation. There is a familiar adage—

"Satan finds some mischief still for idle hands to do." If we would keep patients out of mischief we must find some employment for their hands, if their minds cannot be similarly enlisted; but I cannot but think in all our occupations, in all our workshops, and in all our schools, the great object is too often forgotten. Our minds are too apt to be led away with the gratification we must all feel in seeing the noisy patient of yesterday sitting, not in his right mind, it is true, but among his equally demented companions, in the tailor's or shoemaker's shop, plying his needle or straining his hemp: we are disposed to keep him at work as long as the novelty of the occupation induces him to concentrate his attention. But we do this forgetful of our patient's interest; and, gratifying as it may be at the end of the year to find from our steward's report that these violent maniacs, these passive idiots, have added item upon item to our stock of clothing, and so diminished our rate, we must not forget that our workmen are enfeebled by their disease—they require, above all other accessories to health, fresh air and exercise—and that the confinement of the workshops, for many hours daily, carried to an undue extent, must necessarily have a most pernicious effect upon them. Let us not spur the willing horse for the sake of our self-supporting hobby.

Let us not lose sight of the curative by clinging too closely to the palliative treatment. Amusement must be mixed up with our occupation, whether it be in the field or the shop; whatever tends to beguile the time and to check the flight of a morbid imagination should be encouraged. The wards must show signs of cheerfulness by the amusement provided. In walking round the wards of this asylum many a cheerful face may be observed, which without the aid of cards, bagatelle, chess, draughts, or some other such pastime, would be stamped with an apathetic dulness or moody melancholy.

We have commenced a drilling class. About thirty-six meet every morning, at eleven o'clock, in the exercising hall, and about the same number, forming the "awkward squad," meet in the afternoon. They are here taught by one of the attendants (formerly a drill-master in the Guards) many easy evolutions and exercises, and with the assistance of the fife and drum (the instruments furnished by the committee, the music performed by themselves) they parade in quick and slow time. Considering the short time the class has been organized, their progress has been most satisfactory; it is looked forward to each morning as an amusement, and an improvement in the gait of some of the paralytics is already perceptible. This amusement, and the excitement of the drum and fife, induce exercise more valuable than any medicine.

From the first report of the female department, by Dr. J. G. Davey, I take the following:—

The most interesting feature in the new county asylum at Colney Hatch is doubtless the circumstance of its having been contrived and erected with a view to the entire disuse of mechanical restraint in the general control and direction of its inmates, and with no other object than the practical recognition of those humane principles of treatment which all past experience proves are alone adapted either to the relief or to the cure of the disordered mind.

Of the 669 female patients admitted since the opening of this asylum in July last, to December 31st, there were many who, having been subjected for a period more or less protracted to the infliction of mechanical restraint, could hardly be expected rightly to appreciate their sudden and complete restoration to personal liberty, *i.e.* in so far as the entire disuse of leather belts, muffs, locks, jackets, etc., is concerned; and therefore was it that, on the first admission of patients so

habitually restrained, the refractory wards called for much and unceasing supervision. The tearing of apparel and the destruction of glass threatened to become matters of serious moment. It is, however, a source of much and earnest satisfaction to be able to add that the irritability and restlessness so manifest in the speech and deportment of the patients alluded to became, after some time, much less apparent; and although the difficulties of first opening the asylum were considerably aggravated by the retirement of several of the most competent and experienced of the female attendants, it was found (I may add, *necessarily* so) that by far the better way to restore composure to the over-wrought brain, add strength to the failing volition, and to subdue and tranquilize the excited passions of the maniac, was the employment of the "*magic of kindness*," as it has been eloquently styled—an expression which may be understood to mean the teaching, both by precept and example, of habits of order, self-control, and benevolence. These, under a right direction, are among the most certain remedial means available in an establishment for the insane; and to this end should the united labours of all engaged in the cause of the unhappy lunatic be, in all sincerity, directed. . . .

The occupation of all the wards, at the present time, enables me to perfect the classification of the patients, previously to which the existence of certain defects and disadvantages in the distribution of the patients over the female side of the house diminished, to some extent, their comfort and well-being—a circumstance to be regarded as inseparable from the first opening and organization of every hospital for the insane. The number and arrangement of the wards, the character and position of the dormitories in each ward, afford, as you are aware, all the facilities for the most desirable and perfect classification of the patients; and there is needed but the carrying out of certain details, already submitted for your consideration and approval, to render Colney Hatch Asylum all it may and does profess to be.

Dr. Davey attaches the same importance to classification, indicated in the report of Dr. Hood. The reason is evident. It was to be the essence of the system carried out at Colney Hatch. The lay committee, misunderstanding one of the apparent advantages of the non-restraint system, mistook the quiet consequent on the removal of artificial causes of irritation for a principal result. This misconception has been among the greatest drawbacks to progress in the treatment of the insane. When mad people were subjected to a systematic course of annoyance, they exhibited an amount of excitement *in excess of their disease*, and most serious in its reflected action on the patients themselves. When the use of these irritating appliances was abandoned, the disease was found to be less demonstrative, and the insane less disturbed; but the good thus effected was simply ceasing to do evil. The magistrates of Hanwell, when left to themselves, and those visiting Colney Hatch from the outset, were perfectly satisfied. They could imagine nothing better than quiet wards and uncomplaining inmates. As a matter of fact, the only point gained was the discontinuance of a pernicious practice, thereby creating an opportunity to devise and apply intelligent modes of treatment. No improved treatment being devised, the chief thought was to economize space, and provide for as many insane paupers as could be decently accommodated under a roof where quiet reigned. The device of telling

the inmates off in classes for the general convenience suggested itself, and the new asylum was constructed and arranged to realize the conception of a huge establishment wherein paupers might be lodged cheaply, humanely, and contentedly. It is against this system medical superintendents have had occasion to struggle, and the time has come to protest. Classification, as it was and is carried out at this asylum, is a process of conveniently putting cases away on a series of shelves. The classification necessary, and which should be instituted by medical authority, is a classification for *cure*. The two ideas are entirely different, and they are incompatible.

Dr. Davey recognized the need of treating insanity as a disease of debility, and one which required a liberal dietary and *régime*. This is especially the case with those forms of mental disease which occur among the poorer classes found in county and borough asylums. Hereafter, I shall have something to say on the subject of an exactly opposite mode of causation, and it will be necessary to discuss the question whether an *excess* of nitrogenous food is not as probable a cause of insanity among the class of persons working with their brains instead of their muscles, as the habit of taking stimulants in inordinate or unnecessary quantities. The views of Dr. Davey, as regards the cases with which he had to deal, are, however, eminently true, and, considering that they were written five and twenty years ago, will be worth quoting.

As a strong and presumptive proof of the false and incorrect views entertained generally concerning the requirements of the insane, it may not be considered out of place to mention here the weakly and very delicate state of health in which a large number of the female patients were admitted from the union houses, *and this was very evidently the consequence of an improper and insufficient diet*. Inasmuch as insanity is, as a rule, a disease of debility, and tends, by its very nature, to exhaust the powers of life and enfeeble the constitution; not only is it *not* necessary or even prudent to employ a low diet, but, on the other hand, it is *indispensable*, if we would place the poor lunatic in the most favourable position to recover his or her mental health, to administer a good and sufficient quantity of wholesome and nutritious food, both solid and fluid.

As an example of this fact, I may mention the following case:—M. B., a young Scotch woman, admitted in July, presented the appearance of one-half starved. She was miserably pale and ex-sanguine, and withal much emaciated and very weakly; but this general debility was combined with maniacal symptoms of an acute character. The treatment adopted was very simple; she was put on a generous diet, which included meat, porter, etc., and an occasional sedative was administered at night to procure sleep. With the exception of a few doses of common house medicine, the above was the whole of the treatment adopted; that it was sufficient is shown by the fact that she quite recovered, and was in due time discharged. A great number of patients in the asylum, whose appearance is at present that which belongs to those who are well and properly fed, looked very different on their admission. Their angular features, pale faces, and emaciated forms are not only very much less apparent, but, what is more, these have been in not a few cases exchanged for a physical appearance at once the very converse of this, and in every instance of the kind the mental symptoms have kept pace with the improvement of bodily health; and hence it is, in a great measure, that many of the patients who are reported on the forms of admission as

"violent," "dangerous," etc., have become not only quiet and inoffensive, but some of them even are among our most useful and industrious inmates.

I feel confident that, in so far as *individual* causes of mental disorder are concerned, there is not *one* which exerts more prejudicial or serious effects than that comprised in unwholesome and insufficient food. This may be demonstrated in many ways, but it is sufficient for the present to observe that, in all those asylums where the dietary is not liberal, there the recoveries are few and the deaths many; and, on the other hand, in those institutions where the dietary is ample, there the proportion of recoveries and of deaths is reversed. It cannot be too well known that, on the adoption of a more liberal dietary at the Hanwell Asylum in 1840,* the recoveries were directly increased, and the deaths diminished. Other instances may be mentioned.

The hygienic management of the insane is of the first importance. On the removal of a person in the lower walks of life from his or her home to the county asylum, every object which strikes on the senses may be said to be remedial. The close and confined atmosphere which the patient has so long respired is exchanged for the pure and exhilarating air of heaven. The close and dirty apartment, with its worn and tottering furniture, so long suggestive of the mental inquietude and restlessness which oppress him, is exchanged for a spacious, well-ventilated, and clean dormitory. He is no longer ill fed or badly clothed; his ablutions, hitherto neglected or impracticable, are carefully attended to and encouraged. The external senses of the poor maniac, accustomed only to disagreeable or offensive stimuli, to sights and sounds sufficient almost in themselves to create disorder, if not absolute disease, in those whom a mere chance has placed in other circumstances more in accordance with the physical or organic laws, are on his removal to the county asylum stimulated and refreshed by the green fields, the bright flowers, and the still brighter sky; and, what is more than all, by the kind voice of sympathy. His limbs, which may have been strained and torn by cords; his body, which may have been tied and bound by various mechanical appliances; his muscular system, which may have been restrained and denied all motive power; are, on his admission to the county asylum, each and all allowed their liberty of natural action.

His limbs, his body, his muscular system, are again restored to their accustomed uses in the animal economy. Nor is the domestic order which characterizes a well-regulated establishment, nor the punctuality, nor the various evidences of self-control and right direction to which he is introduced, without their remedial effects; and this mere physical *régime* is oftentimes sufficient, in itself, to restore the healthy functions of the brain among the insane poor.

The medical superintendents who respectively opened—it would scarcely be fair to say organized—the male and female departments of Colney Hatch did not long retain office. Dr. Davey resigned in April, 1852; Dr. Hood, in June of the same year. The former removed to Northwoods, near Bristol; the latter became resident medical officer at Bethlem Hospital, in connection with which institution we shall hereafter have occasion to study his work. Mr. Tyerman succeeded Dr. Hood as superintendent of the male division, having already gained considerable experience at the county asylum of Cornwall. Mr. Marshall was appointed superintendent of the female department, and still retains that position, as

* See page 117.

stated in the report. Mr. Tyerman's proceedings during the ten years he held office at Colney Hatch are chiefly remarkable for the introduction of a system of collecting all the patients, male and female, at their principal meal, in the exercising hall. The practice was criticized at the time, but on the whole worked well; and, under proper restrictions, it is, I think, well calculated to create an interesting episode in the daily routine of asylum life, generally too monotonous and too dull. Unfortunately, the custom was abandoned in 1869. In their report for that year, dated August, the Commissioners say, "The central hall is, we are sorry to find, no longer used for dining purposes." Dr. Sheppard, the present superintendent of the male department, succeeded Mr. Tyerman on the 1st of January, 1862.

The medical history of this asylum has not been remarkable. Viewed from the scientific standpoint, it offers little worthy of notice. It has never risen above the level of professional work done for a lay authority and under lay control. As a curative establishment, Colney Hatch has from the outset been overshadowed by a cloud. We have seen how the committee responsible for the building enacted the farce of dedicating it to a particular mode of treatment, without possessing either legal right or the power to maintain their benevolent but irrational pretensions. Successive committees have pursued the same line of conduct, waging a ceaseless petty war with the Commissioners, and within the asylum administering, when it was their duty only to inspect. Abundant energy has distinguished the medical department of the institution, and there is unmistakable evidence in the reports that attempts have from time to time been made to give the practice a progressive character; but a blighting influence seems to have brooded over the medical staff, effort has been paralyzed and desire died out. In part, no doubt, this enervating effect has been produced by the magnitude of the task which devolved on the medical officers, and the manifest impossibility of pursuing that individualizing plan of treatment without which no real clinical work, worthy the name, can be accomplished among the insane. How much depends upon the power of dealing personally with patients suffering under the various forms of mental disease may be illustrated by two extracts which, for obvious reasons, I make from reports relating to a period long since past and probably forgotten. The first is from the statement of Dr. Davey for 1851, and will serve to show the imperative necessity that a physician in charge of patients maintained at the cost of the ratepayers should be so situated, as regards the number of those under his care and the time at his disposal, that he may be able to bring every remedial agency which ingenuity can suggest to bear upon their cases with a view to cure. If this cannot be, or from any cause is not, done, the issue will be permanent incurability. I have no hesitation in saying, emphatically, that I believe it is the neglect to cure in the early stage of mental disease that blocks public asylums everywhere with chronic cases, and burdens the rates with an enormous and increasing body of pauper lunatics.

L. S. was admitted in August. The general character and appearance of this young girl were those which belong to the congenital idiot. . . . She gave not

the slightest indication of thought, feeling, or desire ; she never moved off the seat she occupied, nor did she alter the position in which she was at any time placed. The head was bent forward, the chin resting close to the sternum. . . . *Happening* to learn something of the history of L. S. . . . her case on inquiry turned out to be one of dementia resulting not only from preceding active disorder, mania, but from a disease of the cerebral faculties. . . .

This discovery of the real nature of the case once made, personal treatment was adopted, wholly moral and educational, intended to arouse the dormant faculties and re-train the mind. The result was entirely successful. Reverting to the economic argument, which I believe to be the most convincing, probably the cost of maintaining this young person permanently, say £400, spread over fifteen years, was saved by "happening" to stumble on the facts and being able to spare time for diagnosis and treatment.

The second extract is simply a grateful acknowledgment inserted by Mr. Marshall in his report for 1853 ; but the collateral advantages conferred on patients by relieving a medical officer of some portion of his routine duty are significant. A qualified apothecary had been appointed to assist the medical superintendent of the female department :—

I am hereby enabled to visit the wards more frequently, and bestow greater attention to the classification of the patients, by which means they are more easily managed, and the seclusions rendered less frequent.

What a reduction in the number of seclusions implies does not need to be explained. The patients are less irritated, and their chances of recovery obviously increased. No words of mine could strengthen the plea for conditions in which the full curative power of our art may be turned to account for the relief of suffering and the saving of public money.

There is not much to add to the observations made in *The Lancet* report on the subject of "treatment" here. What remains to be noticed relates rather to principles than to practice, and will be incorporated with the general review and discussion at the close.

RESULTS.

We have anticipated, in the earlier stages of the report, much that might have been placed in this section. The proportion per cent. of "curable" cases to the total of admissions appears to be 33·54 on the aggregate of the ten years 1865–74. The percentage of cures to curable cases, upon the *estimated* figures, is 63·88, but it must be borne in mind how these figures have been obtained. The percentage of deaths on average numbers resident is not high ; general paralysis accounts for 512 out of the 1960 deaths recorded for the ten years 1865–74, or 26·12 per cent. The average proportion per cent. of deaths on admissions is 41·78. The average proportion per cent. of "recoveries" on admissions is 33·47.

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, COLNEY HATCH.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES . . .							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
													Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	
	Males.	Femals.	Total.	Deemed curable on admission.	Transferred from other asylums.	Re-lapsed cases re-admitted.	Males.	Femals.	Total.	Males.	Femals.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1850	(a)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1851	411	669	1080	...	...	...	1080	653	...	18	19	37	37	...	...	...
1852	354	270	624	...	...	8	1625	1177	949	63	69	132	58	50	14	...
1853	254	138	392	...	...	21	1635	1243	583	100	42	142	69	35	33	5
1854	219	111	330	...	...	26	1563	1248	804	73	38	111	...	...	...	...
1855	151	59	210	64	...	16	1459	1249	749	42	16	58	18	26	10	3	
1856	137	140	277	41	...	13	1523	1257	...	38	26	64	...	...	...	...
1857	150	164	314	117	...	22	1605	1298	...	47	58	105	63	22	8	2	
1858	157	145	302	70	...	24	1595	1294	...	46	52	98	50	29	10	7	
1859	380	508	888	221	...	55	2172	1449	...	105	63	168	105	31	13	4	
1860	273	253	526	85	...	44	2339	1820	...	47	64	111	56	32	13	1	
1861	251	272	523	188	...	46	2296	1839	811	69	75	144	69	47	20	6	
1862	205	223	428	165	...	48	2296	1860	845	114	90	204	88	47	34	19	
1863	234	180	414	104	...	30	2286	1918	...	50	74	124	62	32	15	7	
1864	230	174	404	114	...	42	2334	1945	...	68	48	116	70	31	8	4	
Gross number or proportion.	3406	3306	6712	...	...	395	6712	...	...	880	734	1614	...	...	...	...
Average number or proportion.	243'3	236'1	479'4	116'9	...	28'2	183'8	144'6	...	62'9	52'4	115'3	62'1	34'7	16'2	5'3	

Abstract of the above particulars for the

Gross, &c.	1238	1188	2426	...	...	55	2426	...	...	254	168	422	...	...	...	...
Average, &c.	353'7	339'4	693'1	...	...	15'7	166'5	123'5	...	72'6	48'0	120'6	...	...	...	...

Abstract of the above particulars for the

Gross, &c.	975	1016	1991	513	...	130	3240	...	...	278	215	493	...	...	...	...
Average, &c.	195'0	203'2	398'2	102'6	...	26'0	167'1	130'9	...	55'6	43'0	98'6	59	27	10	4

Abstract of the above particulars for the

Gross, &c.	1193	1102	2295	656	...	210	4108	...	...	348	351	699	345	189	90	37
Average, &c.	238'6	220'4	459'0	131'2	...	42'0	231'0	187'6	...	69'6	70'2	139'8	69'0	37'8	18'0	7'4

(a) This asylum was opened on the 17th of July, 1851.

STATISTICS OF ASYLUM POPULATION, COLNEY HATCH.

DISCHARGED.												CASES REMAINING ON DECEMBER 31ST.				Year.
RE-CHARGED OR RE-MOVED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total number.	Deemed curable.	Proportion per cent. of cases Deemed curable on Total number remaining.	Proportion per cent. of cases Deemed curable in C. & B. Asylums generally.	
	Males.	Femla.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	General Paralysis.	Epilepsy.	Pulmonary Phthisis.	Suicide or Accident.					
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1850
3	16	23	39	39	...	...	...	2	5	3	—	1001	...	...	...	1851
64	119	70	189	98	60	29	...	...	23	27	5	1243	...	...	...	1852
53	134	73	207	75	29	81	22	8	19	35	4	1233	...	...	...	1853
29	116	58	174	50	29	30	55	22	33	23	1	1249	91	7'29	9'86	1854
27	92	36	128	30	21	28	16	48	27	16	1	1246	97	7'78	10'19	1855
31	76	61	137	28	21	19	13	50	20	22	2	1291	74	5'73	14'38	1856
91	67	49	116	29	11	17	9	43	13	21	2	1293	86	6'65	12'09	1857
90	82	42	124	34	15	21	6	45	16	23	1	1284	58	4'52	10'56	1858
56	75	60	135	61	9	7	7	46	23	20	—	1213	111	6'12	11'20	1859
231	146	78	224	105	45	23	5	119	23	25	4	1773	85	4'79	10'03	1860
82	118	84	202	72	35	49	6	62	25	28	4	1868	129	6'91	11'26	1861
53	100	67	167	48	25	30	22	62	13	23	3	1872	90	4'81	10'26	1862
55	104	69	173	66	20	19	18	57	22	19	5	1930	70	3'63	9'80	1863
67	124	77	201	64	27	24	15	82	15	26	2	1950	68	3'49	10'97	1864
932	1369	847	2216	799	347	377	194	646	277	311	34	...	...	...	...	Gross number or proportion
66'6	97'8	60'5	158'3	57'1	26'7	29'0	16'2	49'7	19'8	22'2	2'4	1503	87'2	5'61	10'96	Average number or proportion
four years 1851 to 1854 inclusive.																
149	385	224	609	262	118	140	77	32	80	88	10	...	...	...	...	Gross, &c.
42'6	110'0	64'0	174'0	74'9	39'3	46'7	38'5	12'8	22'9	25'1	2'9	1182	...	...	...	Average, &c.
five years 1855 to 1859 inclusive.																
295	392	248	640	182	77	92	51	232	99	102	6	...	...	...	...	Gross, &c.
59'0	78'4	49'6	128'0	36'4	15'4	18'4	10'2	46'4	19'8	20'4	1'2	1385	85'2	6'16	11'68	Average, &c.
five years 1860 to 1864 inclusive.																
488	592	375	967	355	152	145	66	382	98	121	18	...	...	...	...	Gross, &c.
97'6	118'4	75'0	193'4	71'0	30'4	29'0	13'2	76'4	19'6	24'2	3'6	1879	88'4	4'73	10'46	Average, &c.

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, COLNEY HATCH.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.			
1850	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1851	38'06	61'94	45'97	54'03	39'7	48'65	51'35	43'57	56'43	...	41'03	58'97	54'31	45'69	45'1	...
1852	56'73	43'27	47'87	52'13	38'4	47'73	52'27	45'45	54'55	...	62'96	37'04	50'78	49'22	43'1	...
1853	64'80	35'20	50'43	49'57	37'2	70'42	29'58	44'54	55'46	40'0	64'73	35'27	58'10	41'90	42'5	...
1854	66'36	33'64	49'35	50'15	38'0	65'77	34'23	46'81	53'19	...	66'67	33'33	56'24	43'76	44'6	...
1855	71'90	28'10	52'12	47'88	38'0	72'41	27'59	45'80	54'20	34'2	71'88	28'12	58'27	41'73	41'3	37'42
1856	49'46	50'54	51'45	48'55	37'4	59'38	40'62	47'61	52'39	...	55'47	44'53	56'57	43'43	48'3	46'38
1857	47'77	52'23	49'36	50'14	38'2	44'76	55'24	45'47	54'53	38'6	57'76	42'24	56'63	43'37	46'9	54'97
1858	51'99	48'01	48'41	51'59	35'6	46'94	53'06	45'14	54'86	34'6	66'13	33'87	53'85	46'15	43'3	62'82
1859	42'79	57'21	49'36	50'64	37'6	62'50	37'50	45'57	54'43	35'8	55'56	44'44	55'84	44'16	45'8	60'22
1860	51'90	48'10	47'83	52'17	38'2	42'34	57'66	44'00	56'00	34'8	65'18	34'82	58'36	41'64	44'0	56'63
1861	47'99	52'01	49'23	50'77	39'3	47'92	52'08	43'15	56'85	34'4	58'42	41'58	55'98	44'02	46'2	52'75
1862	47'90	52'10	50'43	49'57	37'2	55'88	44'12	45'40	54'60	37'5	59'88	40'12	55'41	44'59	46'3	69'39
1863	56'52	43'48	49'45	50'55	37'9	40'32	59'68	44'77	55'23	35'4	60'12	39'88	56'89	43'11	45'7	63'92
1864	56'93	43'07	50'03	49'97	36'9	58'62	41'38	45'92	54'08	33'5	61'69	38'31	54'12	45'88	45'5	63'04
Gross number of admissions.	50'74	49'26	49'65	50'35	...	54'52	45'48	45'37	54'63	...	61'78	38'22	56'00	44'00	...	...
Average number of recoveries.	53'65	46'35	49'45	50'55	37'8	54'55	45'45	45'23	54'77	35'9	60'53	39'47	55'81	44'19	44'9	56'75
Abstract of the above particulars for the four years 1851 to 1854 inclusive.																
Gross, &c.	51'03	48'97	49'24	50'76	...	60'19	39'81	46'24	53'76	...	63'22	36'78	55'21	44'79	...	...
Average, &c.	56'49	43'51	48'53	51'47	38'3	58'14	41'86	45'09	54'91	...	58'85	41'15	54'86	45'14	43'8	...
Abstract of the above particulars for the five years 1855 to 1859 inclusive.																
Gross, &c.	48'97	51'03	50'13	49'87	...	56'39	43'61	45'88	54'12	...	61'25	38'75	56'21	43'79	...	...
Average, &c.	52'78	47'22	50'24	49'76	37'4	57'20	42'80	45'92	54'08	35'8	61'36	38'64	56'23	43'77	45'1	52'36
Abstract of the above particulars for the five years 1860 to 1864 inclusive.																
Gross, &c.	51'98	48'02	49'38	50'62	...	49'79	50'21	44'70	55'30	...	61'22	38'78	56'09	43'91	...	...
Average, &c.	52'25	47'75	49'39	50'61	37'9	49'02	50'98	44'65	55'35	35'1	61'06	38'94	56'15	43'85	45'5	61'15

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" (col. iv., *ibid.*), placed here because superseded.

COMPARATIVE TABLE OF RESULTS, COLNEY HATCH.

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number in each County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Average number in each County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each County and Boro' asylums generally.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1850	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1851	3'43	32'08	3'43	...	5'67	9'15	...	...	—	...	3'61	36'36	3'61	...	5'97	10'54
1852	21'15	38'62	8'12	...	11'21	9'72	...	...	6'06	...	30'29	41'06	11'63	...	16'06	10'33
1853	36'22	35'23	8'69	...	11'42	9'61	...	...	14'79	...	52'81	40'42	12'66	...	16'65	11'03
1854	33'64	38'33	7'10	10'07	8'89	13'34	...	...	23'42	...	52'73	36'45	11'13	9'57	13'94	12'69
1855	27'62	42'19	3'98	10'23	4'64	13'31	...	...	27'59	...	60'95	36'32	8'77	8'95	10'25	11'65
1856	23'10	38'19	4'20	9'41	5'09	12'22	...	...	20'31	...	49'46	33'54	9'00	8'27	10'90	10'73
1857	33'44	38'78	6'54	9'67	8'09	12'49	...	...	20'95	...	36'94	32'17	7'23	8'02	8'94	10'36
1858	32'45	39'42	6'14	9'77	7'57	12'57	...	...	24'49	...	41'06	33'08	7'77	8'20	9'58	10'55
1859	18'92	34'04	7'73	9'61	11'59	12'69	...	...	32'74	...	15'20	27'49	6'22	7'76	9'32	10'25
1860	21'10	30'67	4'75	8'45	6'10	11'26	...	...	39'64	...	42'59	33'13	9'58	9'12	12'31	12'16
1861	27'53	35'42	6'27	8'93	7'83	11'57	...	...	31'94	...	38'62	33'77	8'80	8'52	10'98	11'03
1862	47'66	39'28	8'89	9'36	10'97	11'95	...	...	23'53	...	36'02	33'39	7'27	7'95	8'98	10'16
1863	29'95	36'93	5'42	8'56	6'47	10'91	...	...	24'19	...	41'79	35'29	7'57	8'18	9'02	10'42
1864	28'71	37'12	4'97	8'67	5'96	11'07	...	...	36'21	...	49'75	39'35	8'61	9'19	10'33	11'73
Gross number or proportion	24'05	36'97	24'05	29'75	...	...	...	...	24'47	...	33'02	34'28	33'02	27'28	...	...
Average number or proportion	27'49	36'88	6'16	9'34	7'96	11'56	...	...	23'28	...	39'63	35'22	8'56	8'52	10'95	10'98
Abstract of the above particulars for the four years 1851 to 1854 inclusive.																
Gross, &c.	17'39	37'62	17'39	...	...	...	...	...	13'03	...	25'10	37'40	25'10	...	...	...
Average, &c.	23'61	36'07	6'84	...	9'30	10'46	...	...	11'07	...	34'86	38'72	9'76	...	13'16	11'15
Abstract of the above particulars for the five years 1855 to 1859 inclusive.																
Gross, &c.	24'76	38'21	15'22	24'72	...	...	...	...	26'37	...	32'14	32'26	19'75	20'87	...	...
Average, &c.	27'11	38'52	5'72	9'74	7'40	12'66	...	...	25'22	...	40'72	32'64	7'80	8'24	9'80	10'71
Abstract of the above particulars for the five years 1860 to 1864 inclusive.																
Gross, &c.	30'46	35'82	17'02	23'14	...	...	...	...	30'04	...	42'14	35'01	23'54	22'62	...	...
Average, &c.	30'99	35'88	6'06	8'79	7'47	11'35	...	...	31'10	...	42'35	34'99	8'37	8'59	10'32	11'10

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, COLNEY HATCH (Continued).

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femls.	Total.		Deemed curable on admission.	Transferred from other asylums.				Re-lapsed cases re-admitted.	Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1865	242	198	440	137	...	40	2390	2010	936	70	57	127	64	30	16	9	
1866	198	144	342	107	...	29	2368	2028	923	56	58	114	53	27	19	5	
1867	147	159	306	96	...	18	2342	2036	...	53	52	105	52	27	11	6	
1868	213	168	381	126	...	23	2416	2052	...	73	54	127	...	...	...	...
1869	222	161	383	147	22	20	2428	2058	872	87	53	140	...	...	...	...
1870	253	209	462	170	83	39	2515	2048	...	74	61	135	79	33	12	5	
1871	439	436	875	267	136	73	2785	1990	820	114	104	218	135	63	12	6	
1872	296	273	569	257	66	44	2639	2056	800	129	112	241	128	75	29	2	
1873	328	345	673	160	47	55	2720	2060	647	103	117	220	130	52	22	11	
1874	371	335	706	256	61	69	2765	2086	...	133	143	276	148	72	40	7	
Gross number or proportion.	2709	2428	5137	1723	...	410	7087	...	...	892	811	1703	...	...	...	...
Average number or proportion.	270'9	242'8	513'7	172'3	...	41'0	2537	2042	836'3	89'2	81'1	170'3	98'6	47'4	20'1	6'4	
Abstract of the above particulars for the																	
Gross number or proportion.	1022	830	1852	613	...	130	3802	...	...	339	274	613	...	...	...	...
Average number or proportion.	204'4	166'0	370'4	122'6	...	26'0	2389	2037	917'0	67'8	54'8	122'6	56'3	28'0	15'3	6'7	
Abstract of the above particulars for the																	
Gross number or proportion.	1687	1598	3285	1110	393	280	5338	...	...	553	537	1090	620	295	115	31
Average number or proportion.	337'4	319'6	657'0	222'0	78'6	56'0	2685	2048	755'7	110'6	107'4	218'0	124'0	59'0	23'0	6'2	

In the reports of the male department for 1868 and 1869 the length of residence of those discharged "cured" and discharged "relieved" was not distinguished.

STATISTICS OF ASYLUM POPULATION, COLNEY HATCH (*Continued*).

DISCHARGED.													CASES REMAINING ON DECEMBER 31st.				Year.
Re- charged or re- improved.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total num- ber.	Deemed curable.	Proportion per cent. of cases deemed curable on Total number remain- ing.	Proportion per cent. of cases deemed curable in C. & R. asylums gener- ally.		
	Males.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Par- alysis.	Epi- lepsy.	Pul- monary Phthi- sis.	Selfde or Acci- dent.						
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.		
39	127	71	198	69	23	26	7	73	14	26	...	2026	78	3'85	9'87	1865	
29	110	79	189	60	27	20	9	58	14	30	1	2036	71	3'49	9'37	1866	
28	88	86	174	47	18	26	10	34	23	27	1	2035	62	3'05	8'66	1867	
54	104	86	190	52	29	34	10	52	13	31	1	2045	61	2'98	9'23	1868	
33	115	87	202	58	19	26	12	51	24	21	1	2053	68	3'31	7'68	1869	
283	103	84	187	50	14	23	9	38	15	47	1	1910	103	5'39	8'90	1870	
278	127	92	219	99	20	22	5	50	19	26	1	2070	152	7'34	8'89	1871	
172	105	74	179	51	28	35	13	50	17	28	3	2047	168	8'21	8'13	1872	
246	128	67	195	77	30	26	10	47	13	27	2	2059	108	5'25	7'31	1873	
173	137	90	227	92	27	31	20	59	19	26	—	2089	88	4'21	7'47	1874	
1335	1144	816	1960	655	235	269	105	512	171	289	11	...	...	...	...	Gross number or pro- portion.
133'5	114'4	81'6	196'0	65'5	23'5	26'9	10'5	51'2	17'1	28'9	1'1	2037	95'9	4'71	8'55	Average number or pro- portion.	

five years 1865 to 1869 exclusive.

183	544	409	953	286	116	132	48	268	88	135	4	...	...	...	...	Gross number or proportion.
36'6	108'8	81'8	190'6	57'2	23'2	26'4	9'6	53'6	17'6	27'0	0'8	2039	68'0	3'34	8'96	Average number or proportion.

five years 1870 to 1874 inclusive.

1152	600	407	1007	369	119	137	57	244	83	154	7	...	...	...	...	Gross number or proportion.
230'4	120'0	81'4	201'4	73'8	23'8	27'4	11'4	48'8	16'6	30'8	1'4	2035	123'8	6'08	8'14	Average number or proportion.

COMPARATIVE TABLE-OF FACTS, COLNEY HATCH (*Continued*).

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.			
1865	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1866	55'00	45'00	49'72	50'28	37'7	55'12	44'88	43'75	56'25	36'3	64'14	35'86	56'18	43'82	44'5	61'95
1867	57'89	42'11	49'53	50'47	39'0	49'12	50'88	40'65	59'35	36'2	58'20	41'80	56'57	43'43	45'7	61'62
1868	48'04	51'96	49'50	50'50	38'5	50'48	49'52	41'83	58'17	34'7	50'57	49'43	55'52	44'48	45'5	62'87
1869	55'91	44'09	48'60	51'40	40'3	57'48	42'52	43'75	56'25	37'6	54'74	45'26	53'97	46'03	46'7	67'55
1870	57'96	42'04	50'20	49'80	37'6	62'14	37'86	43'81	56'19	35'4	56'93	43'07	54'91	45'09	45'1	67'31
1871	54'76	45'24	48'85	51'15	39'1	54'81	45'19	44'51	55'49	34'8	55'08	44'92	55'27	44'73	46'7	56'72
1872	50'17	49'83	50'12	49'88	35'0	52'29	47'71	44'20	55'80	35'7	57'99	42'01	56'13	43'87	47'6	58'92
1873	52'02	47'98	48'20	51'80	39'6	53'53	46'47	43'85	56'15	35'6	58'66	41'34	56'95	43'05	47'3	58'92
1874	48'74	51'26	49'42	50'58	39'4	46'82	53'18	43'49	56'51	36'4	65'64	34'36	56'86	43'14	45'9	67'07
1874	52'55	47'45	50'26	49'74	39'6	48'19	51'81	44'12	55'88	36'4	60'35	39'65	56'31	43'69	46'3	75'82
Gross number or proportion.	52'74	47'26	49'45	50'55	...	52'38	47'62	43'49	56'51	...	58'37	41'63	55'89	44'11	...	...
Average number or proportion.	53'30	46'70	49'44	50'56	38'6	53'00	47'00	43'40	56'60	35'9	58'23	41'77	55'87	44'13	46'1	63'88
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	55'18	44'82	49'51	50'49	...	55'30	44'70	42'81	57'19	...	57'08	42'92	55'40	44'60	...	...
Average number or proportion.	54'96	45'04	49'51	50'49	38'6	54'87	45'13	42'76	57'24	36'0	56'92	43'08	55'43	44'57	45'5	64'26
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	51'35	48'65	49'41	50'59	...	50'73	49'27	44'03	55'97	...	59'58	40'42	56'30	43'70	...	...
Average number or proportion.	51'65	48'35	49'37	50'63	38'5	51'13	48'87	44'03	55'97	35'8	59'54	40'46	56'30	43'70	46'8	63'49

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, COLNEY HATCH (*Continued*).

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.
1865	28'86	33'88	5'31	8'50	6'32	11'03	...	...	31'50	...	45'00	33'70	8'28	8'46	9'85	10'97
1866	33'33	35'71	4'81	8'06	5'62	10'23	...	...	25'44	...	55'26	37'57	7'98	8'48	9'32	10'76
1867	34'31	36'20	4'48	8'38	5'16	10'65	...	...	17'14	...	56'86	36'22	7'43	8'38	8'55	10'66
1868	33'33	36'10	5'26	8'47	6'19	10'76	...	...	18'11	...	49'87	34'07	7'86	7'99	9'26	10'15
1869	36'55	35'72	5'77	8'29	6'80	10'56	34'83	32'14	14'29	38'25	52'74	37'79	8'32	8'77	9'82	11'17
1870	29'22	36'37	5'37	8'54	6'59	10'89	33'09	35'63	28'89	35'19	40'48	36'11	7'44	8'48	9'13	10'82
1871	24'91	33'78	7'83	8'53	10'95	11'29	28'35	34'49	33'49	37'73	25'03	32'06	7'86	8'10	11'01	10'71
1872	42'36	38'35	9'13	8'81	11'72	11'18	39'44	36'59	18'26	33'05	31'46	32'83	6'78	7'54	8'71	9'57
1873	32'69	33'96	8'09	8'02	10'68	10'33	29'77	33'39	25'00	38'68	28'97	35'19	7'17	8'31	9'47	10'70
1874	39'09	37'90	9'98	8'95	13'23	11'46	40'35	37'31	25'00	33'67	32'15	35'32	8'21	8'34	10'88	10'68
Gross number or proportion.	33'15	35'80	24'03	28'30	...	...	...	...	24'08	...	38'15	34'99	27'66	27'66	...	...
Average number or proportion.	33'47	35'80	6'60	8'46	8'33	10'84	34'31	34'93	23'71	36'10	41'78	35'09	7'73	8'29	9'60	10'62
<i>Abstract of the above particulars for the five years 1865 to 1869 inclusive.</i>																
Gross number or proportion.	33'10	35'53	16'12	22'34	...	...	...	...	21'21	...	51'46	35'86	25'07	22'55	...	...
Average number or proportion.	33'28	35'52	5'13	8'34	6'02	10'65	...	...	21'30	...	51'95	35'87	7'97	8'42	9'36	10'74
<i>Abstract of the above particulars for the five years 1870 to 1874 inclusive.</i>																
Gross number or proportion.	33'18	36'03	20'42	22'47	...	...	...	...	25'69	...	30'65	34'28	18'86	21'37	...	...
Average number or proportion.	33'65	36'07	8'08	8'57	10'63	11'03	34'20	35'48	26'13	35'66	31'62	34'30	7'49	8'15	9'84	10'50

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

STATISTICAL TABLES.

The notes on pages 70-74 will explain the columns in these tables.

The following passages are from a very interesting volume of "Lectures on Madness,"* by Dr. Sheppard, medical superintendent of the male department, Colney Hatch, who is also professor of psychological medicine at King's College:—

Existing cases do not represent occurring cases. Women do not die and do not recover as we do; hence they accumulate. It is pretty certain that the *occurring* cases in the two sexes are about equal; perhaps an excess slightly obtains in the males. Insanity occurs more frequently between the ages of thirty and forty than any other decade. . . . About forty per cent. of the occurring cases in England and Wales are said to be secondary—that is, other than primary; but my own statistics (confessedly unreliable) at Colney Hatch do not give more than twenty per cent. . . . General paralysis of the insane obtains chiefly between the ages of thirty and forty-five. It is rare to meet with it later than sixty or earlier than twenty-five. But cases are on record of its existence under twenty; and I have seen several cases between the age last mentioned and twenty-five. It is much more frequent in men than in women—in the proportion, I think, of at least five to one. Men of the lower class seem to be chiefly obnoxious to it; then we have men of the upper class; thirdly, women of the lower class; whilst, according to Dr. Conolly, the disease is practically unknown amongst women of the higher class. . . . The average duration of general paralysis is about two and a half years.

The following, from the report of Mr. D. T. Tyerman, dated January 8, 1861, is interesting as showing the varying proportions of deaths from general paralysis to the total mortality in twenty asylums, distinguishing the two sexes:—

	M.	F.		M.	F.		M.	F.
Stafford, 1856	20·8	5·2	Hants, 1859	30·0	15·8	Somerset, 1859.....	25·9	10·5
Lincoln, 1857	33·3	0·0	Stafford, 1859	25·7	2·8	Bucks, 1860	12·5	13·3
Edinburgh (Royal),			Cheshire, 1859.....	40·0	15·8	Nottingham, 1860	25·0	13·3
1857	36·3	17·2	Prestwich (Lanca-			Surrey, 1860.....	44·2	0·0
York, 1859	10·0	0·0	shire), 1859	51·3	15·3	Dundee, 1860	50·0	0·0
Worcester, 1859 ...	46·6	15·2	Rainhill (Lancashire),			Essex, 1860	35·7	10·0
Kent, 1859	37·5	0·0	1859	52·0	16·6	Colney Hatch, 1860	61·6	37·1
Wilts, 1859	3·0	0·0	West Riding of York-					
Devon, 1859	41·9	21·6	shire	47·2	27·4			

The proportion per cent. of deaths from general paralysis to the total mortality of Colney Hatch from the opening, in 1851, to the close of 1874, has been 27·73. The same calculation for the other asylums visited gives, for Hanwell (thirty-five years), 22·96; Wandsworth (twenty-eight years), 23·16; City of London, 31·08; and Brookwood, 30·82.

Pulmonary phthisis accounts for 14·37 per cent. of the total mortality at Colney Hatch; 14·86 at Hanwell; 11·95 at Wandsworth (twenty-seven years); 10·14 at City of London; and 10·42 at Brookwood. In a paper "On Insanity" printed in the *Quarterly Journal of Science*, April, 1870, Professor Duncan, discussing the causes of "incurability," says:—

The routine of an asylum and its moral and physical atmosphere act after a while perniciously. The want of definite work, of exercise which interests, of relief from miserable sights, and of those happinesses of home which cannot be replaced by any luxurious comforts, together with the effects of the dismal companionship of fellow-sufferers during the periods of temporary sanity, are constantly producing depressing results. Dr. Boyd, writing in 1869, states that in his experience the tubercular class of disease produces very fatal results in the chronically insane. He remarks that "However we regard the fact, whether from the number collected, or from insanity being more prevalent amongst phthisical (consumptive) patients than others, or from both causes, the mortality from tubercular disease was about double, amongst chronic cases of insanity in both sexes, to that of the adult male and female population of England in 1866." The longer the duration of the residence in the asylum, the greater was the mortality from consumption. In ordinary medical practice the consumptive are not more frequently transferred to the alienist physician on account of mental derangement, than those suffering from other diseases, and of course less frequently than those with disease of the nervous system. It is the depressing effect of association and of the want of physical labour that adds to the list of the consumptive in our great asylums.

WANDSWORTH ASYLUM.

THE HOUSE AND ARRANGEMENTS.

IN a report addressed by the committee of visitors to quarter sessions in 1859, on the subject of a proposed enlargement of this asylum, we find the following remarks:—

“The committee are aware that medical opinions have been expressed in favour of asylums not containing more than 600 patients, or even a smaller number, as the most suitable for efficient supervision; but some of those were given when the number of large asylums was very small, and the system of superintending them not so well understood as at present. Indeed, the number of very large asylums is still small, as is also the number of medical men who can speak on this subject from their own personal experience. The committee have found no inconvenience in the superintendence of the Surrey Asylum, which for a long time has contained more than 900 patients; and they are satisfied that, under judicious regulations, the patients in an asylum containing more than double the number may be maintained not only under proper care and treatment, but that they will have advantages in classification, and in constant medical supervision, to some extent, over patients in small asylums, and to a very great extent, it is believed, over those in wards connected with union-houses.”

As regards the superiority of asylums, *cæteris paribus*, to workhouses there can be no question; but with respect to every other assertion in this statement we join issue. It is interesting to encounter an erroneous opinion expressed with so much confidence. The concluding sentence of the passage we have cited is noteworthy as showing how closely the position assumed by a visiting committee sixteen years ago resembles that maintained to-day.

We think there is reason to believe the magistrates of Surrey have learnt wisdom. In any case, the tokens of lay "keepership" are not so manifest at Wandsworth as elsewhere. We confess it was not without misgiving we found the medical superintendent of a county asylum styled, in somewhat recent reports, "Resident Physician;"* but, so far as it is possible to judge of any system by the rules laid down for its control, the medical authority seems to be well defined, and neither the committee nor its officials appear to hamper the treatment. In a copy of the rules printed in 1873 is the following:—

"He [*i.e.* the medical superintendent] shall be responsible for the management and the condition of the asylum, and shall superintend the whole of the medical and moral treatment of the patients and the general arrangements of the establishment, subject to the rules of the asylum *and the direction of the committee.*"

The last six words detract greatly from the value of the authority intrusted to the medical superintendent; but there are no obvious tokens of lay interference. Meanwhile, there are some discrepancies in the "Regulations" and "Orders" not entirely satisfactory. One of these relates to a matter of moment, and should receive attention. Under the head "The Matron" we find:—

"She shall cause every patient becoming dangerous or annoying to others to be quietly removed from the day-rooms or galleries; and shall immediately report the circumstance to *the medical officer on duty, who alone shall have the power of imposing restraint or seclusion.*"

Among the "Orders" to "Attendants" stands this:—

"2. When coercion is necessary, it is not to be attempted by an attendant single-handed. An excited patient will often resist with much violence a single person, but will submit quietly in the presence of two or more. Every instance of coercion or seclusion is to be *immediately reported to the medical officer on duty.*"†

* This designation was abandoned when the rules were revised in 1873, and "Medical Superintendent" substituted.

† The rule was, it seems, intended to cover the exceptional case of a sudden emergency. It is, however, mischievous, and should certainly be rescinded.

It is manifest that the widest possible difference, amounting to an open contradiction, must exist between a rule which prohibits any one except the medical officer from placing a patient in seclusion and an order requiring the attendant, *after* he has secluded a patient, to report the fact to a medical officer. No attendant should, under any circumstances, be permitted to place an inmate in seclusion without the express order of a medical officer. The act of seclusion is in itself extreme coercion. The duration of the confinement is another matter, not affecting the fact. We understand the rule in Surrey to be that no attendant may seclude. If that be so, Clause 2, in the instructions to "Attendants," ought to be expunged. It must produce a wrong impression, and may work mischief. No subordinate ought to be in a position even to threaten a patient with seclusion, much less to lock him up, and then report it.

The building on Wandsworth Common is ill adapted for an institution attempting the work of an "hospital." There is evidently a wide-spread mistake as to these old and badly constructed asylums; and it is essentially an economic blunder. They would answer the purpose of homes for chronic and imbecile cases fairly well. The new buildings, containing as they do the greatest air space—sadly deficient in the older houses—the best fittings, and generally embodying the results of experience and the latest improvements, should certainly be employed as hospitals for acute cases, while the old asylums could be used for the incurable and chronic. As it is, the effect of drafting quiet cases to such places as Brookwood—or the "workhouse" establishments at Caterham and Leavesden—is to waste power and opportunity, at the same time leaving the wards of an asylum like Wandsworth crowded with excitable cases, which cannot be effectively treated within its walls.*

* Attention has been called to the fact that these and some subsequent observations may convey an impression seemingly contradictory of the remarks made upon the same topic in the report on Brookwood. We certainly did not mean to imply that Brookwood Asylum contained no excitable cases; on the contrary, in the report on that institution we drew special notice to the circumstance that many turbulent patients were there treated in the wards with advantage and curative success, instead of being placed in "seclusion." Nor do we think the old buildings at Brookwood greatly superior to those at Wandsworth. It was the *new buildings* at the more modern asylum we commended, and it is impossible not to perceive that appliances and arrangements which offer the

The construction, the proportion of attendants, and the general arrangements of an hospital for acute cases of mental disease, must be essentially different from, and necessarily more costly than, those required at an asylum for harmless lunatics, imbeciles, or idiots. This is to some extent recognized in Surrey, but there has been, we fear, misdirection in policy. Instead of the new house being appropriated as an hospital for acute disease, it has been filled with quiet cases taken from the older asylum, and patients withdrawn from the licensed houses with a view to save expense. The procedure should have been exactly the reverse. New and severe cases which it may be possible to cure ought obviously to have been placed in the better house, and every effort made for their rapid treatment, if only to avoid the permanent cost of maintaining them as chronic cases.

Old and badly constructed asylums—of which Wandsworth is a striking example, though greatly improved within the last three years—ought everywhere to be used exclusively for cases which do not require much more than humane guardianship and comfortable quarters. Had this policy been pursued, the erection of new buildings for single rooms, and other expensive alterations, which have from time to time become necessary at Wandsworth, might have been avoided. No doubt, in a county where there exists sufficient accommodation, of the best *hospital* class, for acute cases, it may be wise to build new blocks, especially for chronic cases, and the outlay entailed will be comparatively small—though we doubt whether any asylum could possibly be erected and furnished more economically than the new buildings at Brookwood, which are marvels of cheapness and efficiency. But Surrey is not, so far as its older asylums are concerned, in the position of a county having hospital accommodation equal to its needs, and we venture to think true wisdom would suggest to the board of magistrates the expediency of making the new buildings at Brookwood the hospital, and appropriating Wandsworth and the older house at Brookwood as asylums for chronic and

greatest facilities for treating insanity should be devoted to the benefit of recent and curable cases. Meanwhile, the success of non-restraint at Brookwood is in no sense due to a small proportion of unmanageable patients. The facts, as set out in the report on Brookwood, tell all the other way. (See pages 45, 46.)

incurable cases. Of course, no such arbitrary or wholesale separation as would leave the wards of any asylum—hospital or chronic refuge—without the ameliorating influence of some quiet patients associated with the more turbulent, would be prudent. Short, however, of this extreme measure, we are convinced that recent cases should be treated apart, under conditions studiously adapted to favour recovery.

We sometimes hear strong remarks as to the depressing influence which would be exerted upon medical officers by having scarcely any cases under their treatment which were hopeful. Against this argument must be set the wonderfully stimulating effect of feeling that an institution is an hospital, properly so called, and able to enter the lists with any institution which selects its inmates on the ground of curability—as, for example, Bethlem,—in scientific competition to produce the largest number of “recoveries” and the smallest number of “re-admissions.” We venture to think that, looking at the matter from the quarter sessions’ and ratepayers’ point of view, a county would reap great advantages from the arrangement we suggest, would more readily overtake the rapid increase of insanity amongst the population, and, in the long run, save money in the matter of building and furnishing.

Wandsworth is by no means a neglected house. Much has been done, and more is in progress, to make it efficient. We do not propose to touch largely on details, but shall content ourselves with pointing out some of the more noticeable evils and defects which seem to call for remedy. In the first place, we would draw the attention of the visiting committee to the need of a little more liberality. With respect to very small matters, especially, it is paltry to be mean. For example, in constructing a new set of single rooms, was it worth while to place fair-sized windows in the frontage of the building, and save a few hundreds by dimly lighting the rooms at the back with windows barely half the size? Then, again, might not the painting and decorating be expedited, so as to make the interior throughout more cheerful and homelike?

We confess to some disappointment with the appearance of the wards, after the promise which has been long extant of rendering this asylum presentable. The walls are, to a very large extent, bare of pictures. There is a lack of warm

colouring. The single rooms generally look woefully comfortable, and scarcely any of the apartments are well furnished. The dormitories are better than the day-rooms, but some of them strike a little cold, although the building generally is well heated ; none can be described as pleasure-inspiring. There are few musical instruments or appliances for amusement in the wards. The ornaments are meagre, and the surroundings generally unattractive. Probably it would require a generous, perhaps even a lavish, outlay to make the asylum really comfortable ; but, cost what it may, the object should be attained, and without delay. Flowers, plants, aviaries, pianos, bagatelle-boards, ornaments, coloured prints, and extensive wall decorations are much needed ;* and, while fully recognizing what has been accomplished, we must urge the want of greater expedition and a more liberal hand. There are dark corners in some of the wards it is impossible to light, and which should not on any account be used as day space.

Then, again, the atmosphere of the asylum is by no means satisfactory. It abounds with faint but offensive odours ; certainly not the result of neglect or lack of cleanliness. We make full allowance for the circumstance that our visit was paid in weather which compelled the closing of doors and windows. Nevertheless, the sculleries, sinks, and drains require careful examination throughout. Can it be possible there is stint in the use of water for bathing, washing, or flushing purposes ? No asylum of the class can be worked with less than fifty or sixty gallons a head per day of the entire resident population.† The site lies high, and the water runs away rapidly, requiring frequent and almost constant flushing to cleanse the drains. The airing courts are fairly good, and still undergoing improvement.

The attendance seems well organized, and by a judicious practice of visiting the wards unexpectedly by day and night, and inquiring into the proceedings of the officials, the medical

* I am gratified to hear that a great deal has been done since this was written to improve the asylum in regard to the matters in respect to which it is here described as defective ; but we are retrogressive. See page 92 for what was done before 1827.

† The average consumption of water at this asylum for all purposes is stated to be 80 gallons per head daily.

officers apparently succeed in preserving good order. We think this system of watching the attendants admirable, and we are glad to learn that the medical officers willingly maintain the same jealous supervision over the manner in which the attendants discharge their duty to the patients that would be exercised by gentlemen over the grooms that feed their horses, or the keepers of their dogs and game. This is a duty the medical officers of asylums generally owe to themselves not less than to the sufferers confided to their guardianship. Everywhere attendants, we are convinced, maltreat, abuse, and terrify patients when the backs of the medical officers are turned. Humanity is only to be secured by watching officials, and no man need feel himself aggrieved by being asked to bestow that care on the poor helpless creatures intrusted to him which he expends on the dogs in his kennel.

What can be the meaning of a rule at the top of page 13 in the printed book before us, to the effect that when the medical superintendent visits the department for females, "he shall be accompanied by some female officer of the asylum"? Surely this is an oversight! The purpose of the visit is to ascertain the condition of the wards and bedrooms. Nothing can make an inspection necessary except some real or supposed neglect of duty on the part of subordinate officers, yet the medical superintendent is to call up one of those very officials to accompany him in his visit, which, according to the rule, is to be made unexpectedly at night! The instruction is simply absurd, and should be at once expunged. It is strange the Commissioners in Lunacy, or the officials advising the Right Honourable Robert Lowe, did not draw attention to this nonsensical regulation before the code was passed and officially signed.*

An efficient system of night-watching by inspectors walking on a beat through the epileptic dormitories has been inaugurated. The staff of ordinary attendants is in the proportion of about one to eleven patients. The asylum will accommodate 1078† inmates. The weekly charge is 10s. 6d.

* This rule has been expunged by order of the Secretary of State, on the application of the committee, since the report appeared in *The Lancet*.

† The number is now 1083.

per head.* Speaking generally, we consider the patients at this asylum well cared for, and considerably controlled. Their appearance denotes effective nursing, and a sufficient dietary. The clothing is fair, though withal somewhat dingy. The refractory patients do not appear either irritated by their surroundings, cowed into subjection by terrorism, or enfeebled by the use of drugs. There are many aged and bedridden, and wet and dirty cases, but we saw nothing to indicate neglect or unhealthiness.

The chapel is much too small, old-fashioned, and gloomy. It might with advantage be applied to some other purpose, a detached building being erected in the grounds to replace it. There is a cottage hospital, but, from some inscrutable cause, we trust not parsimony, it is unprovided with a disinfecting chamber or a laundry, and is, therefore, only partially available for perfect isolation in the event of epidemic disease. There is a fairly large recreation hall, used by day as a needlework room for the female patients. It is fitted with a suitable theatrical stage. The entertainments, including balls and performances, are frequent, and we believe the authorities contemplate an extension of the system of associated amusements. The proportion of patients employed is good and increasing. The precautions against fire are considerable, but we think the arrangements might be modified. For example, the jet-pipes should be kept attached to the hose, and the latter connected with the hydrants, as at Hanwell.

We cannot pass from this branch of the subject without warmly acknowledging how much has been done to improve the asylum and to remedy the evils incident to its original construction. The struggle with circumstances has been earnest and intelligent, and the reforms accomplished are great and of high value. But the cry is still for more, and more sweeping, amendments. It seems ungracious to dwell on faults where an unwearied endeavour to remove evils, redress grievances, and supply deficiencies is apparent, but the welfare and wise treatment of the insane is everywhere a matter of vital moment and urgent public concern, and it is with the view of strengthening the hands of those who feel the need of progress, and entreat-

* The charge has been reduced to 10s. in 1876.

ing the consideration of others who fail to perceive the pressing call for improvement, that we strenuously plead for greater enterprise and liberality.

TREATMENT.

The treatment at Wandsworth is intelligent and humane. The use of drugs is wisely restricted, and reliance upon moral measures in preserving order and promoting recovery is the first recourse. Restraint is neither wholly abandoned nor extensively employed. "Gloves" are occasionally in use, and *seclusion* has been considered necessary and administered, though not recklessly, as the following table will show:—

			Persons.		Instances.
1865	...	...	33	...	70
1866	...	...	36	...	138
1867	...	...	39	...	119
1868	...	...	29	...	86
1869	...	...	25	...	52
1870	...	...	31	...	71
1871	...	...	41 *	...	149
1872	...	...	44 †	...	122
1873	...	...	19 †	...	56
1874	...	...	20	...	58
			317		921

We must repeat that "seclusion" forms a very fair test of the efficiency of the general service and moral treatment in

* "Owing to the numerous changes, and the exchange of quiet and harmless for noisy and violent patients, the tranquillity of the wards has been disturbed to an unusual extent."—*Report for 1871.*

† "During the last and present year, owing to the removal of 279 quiet, harmless, imbecile patients to Caterham, and to the admission of 719 new cases, many of them of the worst type, the necessity for seclusion has increased amongst the crowded and dangerous inmates. In two wards of the male division, occupied by the most violent class, the superficial day space is only 29 ft. and 35 ft. respectively for each patient; consequently, collisions are frequent and unavoidable."—*Report for 1872.*

‡ "Under all the circumstances—and it must be remembered that whenever the key is turned upon a patient it counts as seclusion—this return is favourable and creditable to the attendants. Immunity from seclusion can only be obtained by the help of a numerous and well-trained staff of attendants."—*Report for 1873.*

an asylum, more particularly when, as at Wandsworth, the medical superintendent is reluctant to resort to this form of restraint. The failure to control a turbulent patient by moral influences, where it is desired that these influences should suffice, commonly indicates either a clumsy discipline, an unwise classification of cases, or something amiss in the manner in which attendants perform their duties. Gradual extension of liberty to patients is a principle of the treatment, and walks beyond the asylum grounds are organized under proper restrictions. A judicious and useful practice of weighing patients on admission and at discharge has been introduced, and speaks well for the management. The chief obstacles to a thoroughly scientific treatment at Wandsworth obviously arise from the defects of the building and crowding in some of the wards. The county would benefit financially, and the recent cases would gain considerably in the probabilities of "cure," if, instead of increasing the number of inmates, the multitude could be reduced to such proportions as would permit the medical superintendent to adopt a more serviceable system of classification and personal treatment.

At this asylum, as elsewhere, we observed the patients carefully under ordinary conditions in their wards—which is a better method of examination than crowding them for the purpose of formal inquiries,—and, with the exception of a few pronounced convalescent and about to be discharged, we do not, so far as a cursory scrutiny may be trusted, believe there are any patients now in the house improperly detained. It is not in the public asylums that such cases are to be found. Cases of the class may, and perhaps occasionally do, challenge notice among the patients received as "transfers" from licensed houses; but we are glad to know that every individual is carefully examined by the medical superintendent on reception, and, if not proved to be insane, is in due course discharged. We shall have something to say on the very difficult question of discharge in doubtful cases when we come to deal with the points of practical interest developed in the course of this inquiry, at the close.

The first county asylum for Surrey was opened June 14, 1841, at a point of time exactly equi-distant between the opening of Hanwell and Colney Hatch, and in the year when Dr. Conolly's experiment was

practically triumphant. It is significant that, while both the committee and visiting physician allude to the change then recently effected in the management of the insane, neither mentions the name of the reformer to whose zeal and address an extensive adoption of the new system was distinctly ascribable.

From the first report of Sir Alexander Morison, the visiting physician, it appears that at the close of 1840 the county of Surrey was charged with the maintenance of 366 pauper lunatics, distributed thus :—

	Males.	Females.	Total.
In Peckham House Asylum	61	115	176
„ Hoxton Asylum	27	36	63
„ Bethnal Green Asylum	27	33	60
„ Bethlem Hospital, in St. Luke's Hospital, and in private asylums	13	8	21
„ workhouses	12	14	26
And with their friends	7	13	20
	147	219	366

The total number does not seem great, but there can be no question as to the expediency of providing a public institution. “The Visiting Justices appointed to superintend the erection and management of the County Lunatic Asylum” made a special return to the Epiphany quarter sessions, 1843. The following is slightly abridged from their statement :—

... The committee were much assisted by the valuable advice of Sir Alexander Morison and the late Sir William Ellis.*

Springfield† Asylum is situated between Wandsworth and Tooting. It is built in the Tudor style of architecture, on a rising ground commanding an extensive prospect, and is capable of accommodating upwards of 350 patients. The sum expended in its erection, together with its machinery, furniture, and fittings, has been £85,366 19s. 1d., including the purchase of an estate of ninety-seven acres of freehold land.

The committee have anxiously endeavoured to administer the funds at their disposal with strict economy, at the same time keeping in view the higher object of effecting the cure of patients, or, if that be unattainable, of providing for their comfort and accommodation. Hence, considerable expense was unavoidably incurred in the apparatus necessary for warming and ventilating the building, in erecting spacious day-rooms and galleries, providing warm and cold baths, supplying hot and cold water to every ward, inclosing a walled garden of eight acres, and in affording an ample dietary and adequate clothing. Much attention has likewise been given to the cultivation of systematic habits of kindness and gentleness on the part of the attendants towards their afflicted charge, that the full effect of moral influence in word and deed might accompany every remedial measure.

The attention of the public has been lately engaged by the question—how far

* See page 96.

† The asylum was so called from the name of the estate on which it was erected.

the total absence of all restraint might be practicable, consistently with the safe custody and welfare of the lunatic, and the security of those around him. The investigation and discussion of this important point has been productive of great benefit; and one of the most marked improvements in this department of medical practice is the substitution of moral influence in the place of coercive measures. The committee have unceasingly endeavoured to act upon this principle, and they believe that neither temporary seclusion, nor mechanical restraint, has ever been employed at Springfield without just apprehension of personal danger. . . .

It will be noted that, whatever salutary change may have been wrought in the opinions of the Surrey justices during the last five years, at this time they were strongly imbued with the same notion of lay competency to treat insanity that possessed the minds of their brother magistrates in Middlesex. In point of fact, at the outset and for many years subsequently, the committee of this asylum assumed its supreme management, and the whole policy of care and cure was conceived and carried out in accordance with their directions.

The actual management of the asylum is confided to four principal officers . . . the physician, the resident medical superintendent, the matron, and the steward.

The committee feel warranted in reposing the greatest confidence in the professional knowledge and experience of the visiting physician, Sir Alexander Morison, who combines with the scientific treatment of insanity the kindest consideration towards the unhappy sufferers. The same skilful and soothing attentions are afforded by Dr. Quick, the resident medical superintendent, as well as by Mrs. Wiskard, who succeeded the late excellent matron, Mrs. Quick, on her resignation from ill health. The conscientious and diligent discharge of his duty equally entitles Mr. Bridgland, the steward, to approbation. . . .

The committee have felt the importance of obtaining respectable and trustworthy attendants, since their capacity and good conduct naturally affect the comfort and cure of their charge. They are instruments for carrying into effect every remedial measure, and it requires on their part firmness and self-control, blended with humanity and forbearance; at the same time, they are called on to perform many menial offices. Their remuneration has, therefore, been fixed on a liberal scale, increasing annually during the first five years of service. There are nine male and nine female attendants constantly, and, to all appearance, faithfully, discharging their arduous duties. . . .

The dietary has been framed with due regard to the general health and peculiar circumstances of the patients; . . . the bread being made at the asylum, and the milk and vegetables wholly supplied from the farm and garden.

A weekly charge of nine shillings has hitherto been made for the maintenance of each patient, which it is hoped may hereafter be reduced.

The benefit of manual labour, under proper restriction, on the physical and mental system is so well established, that the committee endeavour by every means in their power to avail themselves of it, while the profit helps to diminish the pecuniary charge of the establishment.

In the way of recreation, a bowling-green has been prepared, and a library commenced; . . . draft-boards and other means of amusement are *permitted*; *

* Contrast the idea of *permission* with the interrogatory quoted at page 92.

and the patients are indebted to the kindness of a member of the committee for a pianoforte, which has been a source of much pleasure.

On bringing this brief review of their proceedings to a close, the committee can honestly assure the court that they have endeavoured faithfully to fulfil their duty; and, strongly impressed with the utility and necessity of county lunatic asylums, they earnestly invite the inspection of magistrates, guardians, and parochial authorities, trusting that the benevolent design of the legislature may be speedily realized, by the erection of similar institutions in every county of the United Kingdom.

There is nothing calling for special remark in the original constitution of the asylum. The committee held the reins, and the medical and general staff led the horses. For example, the resident medical superintendent selected and recommended the male attendants, whilst the matron exercised precisely the same function with regard to the female; the obvious inference being, either the committee did not consider the selection required any special knowledge, or it was of a kind which might be possessed by a lay matron or medical superintendent indifferently. The same misconception pervaded, and, I think, vitiated, the arrangements throughout. It would not be easy to discriminate between the medical and the general history of an asylum so conducted; I have, therefore, thought it better to compile the retrospect of facts as a continuous summary without reference to particular departments. The following is from the first report of the visiting physician, Sir Alexander Morison, already cited. After detailing the number and distribution of pauper lunatics ascertained to exist in the county, he continues :—

I next proceeded, by the desire of the committee, to examine the 299 cases in the first three asylums,* and to make arrangements for their removal into your asylum. . . . On reviewing the cases . . . it will be evident that a very large proportion could not have been admitted into the public hospitals appropriated for the cure of the insane; for when the insane state has continued above a year, or when it is combined with palsy and epilepsy, the prospect of cure is so little, that such patients and idiots are refused admission into these establishments. Friends generally apply to these institutions for the admission of a relative suffering under a recent attack of the disorder, and parishes are equally desirous of following their example, as such cases are maintained gratuitously for a considerable period.

This practice prevents patients being sent to the county asylum in the early stage of their disorder, and will account for the small number of those who are discharged well from your asylum, compared with the greater number similarly discharged from hospitals. . . .

In the treatment of the patients, it is scarcely necessary to state that moral as well as medical means are employed. Attention is given to the removal of exciting causes; to the regulation of the visits of their friends, as well as to the employment and amusement of the patients themselves; and every opportunity of affording the consolations of religion is embraced. The patients are preserved from injuring themselves or others—they are classed according to the nature and extent of their malady, and strict attention is paid to the regularity of their diet,

* See tabular statement, page 215.

exercise, and rest. The humane system of treatment, which was so strenuously advocated by Dr. Pinel many years ago (1792), is adopted, and no restraint of any kind is allowed, unless personal safety manifestly requires it. Seclusion has been necessary in some instances, and, more rarely, mechanical restraint. The straight dress, described by Dr. Gualandi in his account of the Insane Hospital at Aversa, has been found very useful; and protecting chairs have been of service, especially in procuring a change of position for patients in a paralytic state, or those who have had excoriations and ulcers, to which many of the patients in a large lunatic asylum are liable.

Those medical means have been employed which were considered suitable to each case, and calculated to remove or relieve any constitutional disturbance with which the mental disorder may have been complicated. Violent excitement has been shortened in its duration by the abstraction of blood by leeches applied to the head, or by small doses of tartrate of antimony.* Laxative medicines have frequently been given with advantage, for the purpose of obtaining alterative as well as purgative effects. Anti-spasmodics and anodynes have been useful in various cases. Cold lotions applied to the shaved head, counter-irritation inducing blisters and pustules, and warm and shower baths, have also been extensively used; and strengthening diet, with tonic medicines, has, in numerous instances, produced the best effects.

The general treatment pursued by Sir Alexander Morison may be inferred from these extracts. It was eminently old-fashioned, even at the date of its adoption, and seems obsolete now. The employment of tartar emetic to combat and reduce excitement, in a building erected on the basis of advice given by Sir William Ellis, composes a background sufficiently benighted to throw up the scene and system of treatment at Wandsworth in 1875 with excellent effect, and make the blemishes pointed out in *The Lancet* report appear almost trivial.

As early as 1843 the business of providing "additional accommodation" began. In the report dated 1844, we read:—

The basement story † on the female side is now converted into a sleeping apartment, and provides *additional accommodation* for twenty-five patients. The largest number hitherto in the asylum, at the same period, has been 366. . . .

The increased productiveness of the farm and garden, at a diminished cost of cultivation, will, it is hoped, enable the committee to effect a further reduction in the weekly charges of maintenance.

The returns made to the Commissioners of 1844 give accommodation at Surrey Asylum as—for males, 180; females, 180; total, 360. Average cost per head, £237. The report of the Metropolitan Commissioners, 1843-4, makes further allusion to this asylum:—

The asylum for the county of Surrey was opened in June, 1841, and the visiting physician went round to the different licensed asylums in which the pauper lunatics were distributed, and selected from them 299 cases, which were

* Large quantities of tartrate of antimony were found in the dispensary at Wandsworth by the present resident physician.

† It will be noted how exactly this agrees with the observations of Dr. Conolly, quoted at page 91.

thereupon removed to the county asylum. At the period of our visit in 1843, there were 385 cases, including those which had been removed from licensed houses. All these 385 persons, with the exception of only thirty-seven cases, had been insane more than twelve months. There were (according to the Poor-law return for 1843) 591 pauper lunatics belonging to the county of Surrey; and the number in the asylum on the 1st January, 1844, was 382, of whom 362 were reported incurable. We inquired at the asylum if any steps had been taken by the visiting magistrates to secure recent cases being sent there, but we were informed that no measures had been adopted for that purpose; and we fear that the condition of the county of Surrey, with an excellent asylum, will soon, *as regards the cure of its insane poor*, be similar to that of the county of Middlesex, unless patients be sent to the asylum in an early period of their disorder, and some plan be devised for disposing of such of the incurable cases as it may be necessary in that event to remove.

Notwithstanding a slight improvement in the dietary effected at this time, the charge was only 8s. 3d. per week for each patient. The passages below are from the second report of the visiting physician, dated September 30, 1843:—

Unremitting attention is paid to the bodily health of the patients, their useful occupation and rational amusement; and restraint, by seclusion or otherwise, is as carefully avoided, where not required for personal safety. . . .

Instruction in useful arts and handicrafts, and mental and moral improvement in general, are objects steadily pursued whenever the condition of the patient affords rational grounds to expect a beneficial result. These principles have been taken up both in France and Switzerland, as may be seen in the publications of Dr. Voisin on idiocy, and Dr. William Twining's account of cretinism. In proof of the good effects, I am induced to mention the case of a girl under my care in Bethlem Hospital,* who, since her admission, has been taught to read by another patient, a double benefit being thereby conferred; and in Bethlem Hospital, during many years past, the patients have been taught to knit various articles in worsted and cotton.

This leads me to suggest the propriety of appropriating a portion of the profits of the labour of patients to their own immediate use, as practised in some foreign establishments. One of the Bethlem patients was in the habit of yearly sending his earnings to his family in Wales, and on one occasion these amounted to nearly £4.

Sir William Ellis recommended this reward of labour in his *Treatise*, but the earnings of patients were to be applied to their present comfort. The remarks of Dr. Hood on the subject of work, recorded at pages 189, 190 should be taken into consideration with those of Sir William Ellis and Sir Alexander Morison.

The visiting physician was empowered to introduce *two* pupils to the wards at Wandsworth, and availed himself of the privilege. He also seems to have taken special measures for the instruction of attendants, delivering a course of lectures "on the principles which ought to regulate

* Sir Alexander Morison also held the office of visiting physician at Bethlem, where he had charge of a portion of the patients.

their conduct." This is a matter too much neglected. If nurses for the sick need to be trained, much more urgently do those upon whom devolves the delicate and difficult duty of administering moral remedies to the insane stand in need of special training and skilled instruction.

The report of the committee presented at the Epiphany quarter sessions, 1845, supplies further evidence of the pressure beginning to be felt in the county in connection with the provision for pauper lunatics. Having taken the matter into their own hands, the magistracy were compelled to face their difficulties in the aggregate. The visiting justices say they—

. . . . are enabled to confirm the opinion which they have already expressed, of the wisdom and humanity of the legislature in passing an Act for the erection of county pauper lunatic asylums. They have anxiously endeavoured to carry out the Act in spirit as well as in letter, both by extending the accommodation and increasing the cheerfulness and comfort of the institution entrusted to their management. With these views they have, during the past year, fitted up, at a comparatively small expense, the basement story* on the male side, for the reception of twenty additional patients; . . . and they have also added several open fireplaces on the male and female sides of the house.

The asylum is now capable of receiving 400 patients; and although exceeding by fifty the number for which it was originally designed, the committee extremely regret that they have been compelled to refuse many applications from parishes for the admission of females. . . .

A further reduction of the charge to 8s. per head now became possible. The following, from the third report of Sir Alexander Morison (September, 1844), is important :—

It is to be regretted that these tables [the returns of cases admitted, cured, and dead] are not more encouraging; the number of cures being less, and the number of deaths greater, than in the preceding year. The causes of this result have been alluded to in former reports, and continue to operate with as great, if not greater, force than ever,—I mean the ready admission of recent cases of insanity into the hospitals of Bethlem and St. Luke's, and the refusal, or speedy dismissal, of cases found to be of long standing, or such as are combined with palsy, epilepsy, or ill health. It has been ascertained that, since the asylum was opened, between 200 and 300 recent cases of insanity have been admitted into these hospitals from the county of Surrey, of which a large proportion have been cured; and, in consequence of a more accurate investigation, it has been found that nearly 150 patients have been admitted into the Surrey Asylum, who had either been discharged uncured from the hospitals of Bethlem and St. Luke's, or had been refused admission there on account of palsy or other grounds of disqualification.

The county of Surrey was, it will be seen, at this time using the hospitals of Bethlem and St. Luke's as curative establishments, and allowing the asylum at Wandsworth to play the part of a home for chronic cases requiring medical care and treatment. If the hospitals so utilized had been provided by the county, the arrangement would probably have proved satisfactory. It is, however, easy to understand the disappointment

* The basement on the female side was fitted up in 1843.

experienced by the visiting physician of the county asylum at finding curable cases intercepted, and his wards filled with the failures and rejected cases of Bethlem and St. Luke's.

Sir Alexander Morison again epitomizes his treatment, in a passage it will be well to quote. The studious omission of any reference to Dr. Conolly's proceedings at Hanwell, just then attracting considerable attention, is very remarkable.

Keeping always in mind the *humane maxims* of the late Dr. Pinel, I have endeavoured to approach Dr. Charlesworth's * *beau idéal* of the non-restraint system, as closely as a due regard to the safety of the patients and others would permit.

The report of the chaplain, the Rev. Edward Whitley (September, 1844), contains an interesting statement that he was in the habit of visiting the wards *with* the physician every Thursday morning. This combination of efforts, subordinating the religious influence to the medical design, realizes a rare and excellent form of moral treatment worthy of being revived.

The visiting justices from the outset exhibited a lively and intelligent—although, as I have said, certainly misdirected—interest in the asylum. The improvements effected in the building and system from year to year evinced spirit and enterprise. We have already noted some of the alterations carried out; and at Easter, 1846—

The committee further report, that great improvement in the ventilation of the asylum has been effected, by inserting ventilating casements, nearly 500 in number, and capable of being opened and shut at pleasure, in most of the windows of the building; and that they have placed convenient sheds and covered seats in every airing court for the shelter and comfort of the patients. An important change has been made in the practice of night-watching on the female side, by the appointment of an additional nurse, who is solely employed for that purpose. . . .

The committee cannot but refer, with satisfaction, to the efforts which have been successfully made to establish an adult school among the female patients; and a similar attempt is in progress on the male side, under the direction of the chaplain.

In his report dated January, 1846, Sir Alexander Morison, referring to the organization of classes for instruction, and the provision of suitable occupation for patients, observes—

Employment in the garden and on the farm has contributed very largely to the mental and bodily health of the male patients, by affording them a most agreeable means of occupation in the open air, and it has also been the means of providing the asylum with an ample supply of wholesome nourishment.

The workshops, too, including the carpenters', smiths', painters', tailors', shoemakers', and matmakers', on the male side; and household work, the laundry, needlework, knitting, and other means of employment, on the female side; together with the varied amusements afforded by books, magazines, news-

* It is strange to notice how seldom the name of Mr. Gardner Hill is mentioned in this connection, as is most certainly his due. He was house-surgeon at the Lincoln Asylum, and carried out the abolition of restraints rather under the protection than at the bidding of Dr. Charlesworth: at least, so it would appear from the asylum reports.

papers, music, bowls, ninepins, and the like, have all been made conducive to those great objects of moral management—the withdrawing of the mind from painful and erroneous subjects of contemplation, and the revival of habits of regularity and of industry.

This seems to mark an advance on the idea of amusements "*permitted*," as the matter is put in the report of 1843.

In 1843 the committee expressed a hope that the Act 8 and 9 Vict., c. 126, would have the effect of making the provision of county asylums universal. Before the middle of 1846, they had "*devoted six months to the consideration of the best and most appropriate means by which adequate accommodation may be provided for all the pauper lunatics in the county*," in accordance with the then recent statute named. It is important to examine the stand-point of the committee when this extension was contemplated—the views then entertained of the situation and its requirements. From these have sprung the errors of a policy which, as we have in some measure seen, while reviewing the history of Brookwood, committed the county to a method of meeting the continuous and increasing pressure for asylum accommodation which not only involves large and costly building at short intervals, but, in the long run, must prove ineffectual. The committee state the case as follows, in a series of resolutions communicated to the Commissioners in July, 1846:—

That they are aware that some authorities respecting the care and treatment of lunatics have expressed an opinion that no asylum should contain more than two hundred and fifty patients; but the visiting justices, after mature deliberation and much inquiry, are convinced that this limitation would only apply when all the patients, or most of them, are afflicted with those forms of the malady which are regarded as curable, and that it is inapplicable in cases where the patients, or a large majority of them, are so afflicted that there is little or no hope of their ultimate recovery.

That the present asylum contains more than four hundred patients, being all that it can accommodate; and that admission is at this time required for not fewer than two hundred and ninety-eight other patients, who are in workhouses, contrary to the existing law, or are confined, at great inconvenience and additional cost to the parishes to which they belong, in the several asylums in and about the metropolis.

That of the number of lunatics in the asylum, there are only about thirteen of whom there is any reasonable hope of their recovery; and the visiting justices have reason to believe that, of the two hundred and ninety-eight requiring admission, nearly the whole are afflicted with those forms of the malady which have seldom been found to yield to medical treatment.

That there is little prospect of any increase in the number of curable patients in the asylum, as such are generally sent to the hospitals of Bethlem and St. Luke's, where they are maintained twelve months without expense to their respective parishes, and where their cure is frequently effected.

That *the asylum is practically an establishment for chronic cases*, and as such, it is presumed, may with propriety be extended by the addition of suitable buildings, so as to contain all the pauper lunatics in the county.

This is probably one of the most remarkable avowals ever made. The "higher object of effecting the cure of patients," cherished in 1843 (page

215), was abandoned in 1846. The cases in the asylums were chronic; therefore, the committee contended their establishment might be so extended as to include all the lunatics in the county, the hospitals of Bethlem and St. Luke's being allowed to play the part of curative establishments. Under the shelter of a pretence that the county asylum was in fact, and ought to be considered, "a chronic home," the visiting justices contrived to evade the force, while professing to admit the truth, of the proposition that asylums for the cure of the insane ought always to be of moderate, or even small, dimensions. The *naïveté* of the reflection that Bethlem and St. Luke's did the curative work "without expense to their respective parishes" is not less notable than the confession that the county asylum was "*practically an establishment for chronic cases.*" It is desirable, in view of the remarks and suggestions offered in *The Lancet* report,* that the circumstance of Wandsworth Asylum having been actually intended and built for a chronic home should be distinctly recognized. I have, in fact, unconsciously recommended that the establishment should be applied to its original purpose—in conformity with the official interpretation put upon it in 1846!

It was at first proposed to erect new buildings capable of accommodating four hundred pauper lunatics of both sexes in the rear of the existing asylum and under the same management. The Commissioners proposed, instead of this scheme, the construction of a distinct asylum, under separate control, for patients of one sex. The committee were in favour of a building three stories in height; the Commissioners objected.

The "Further" report of the Commissioners, dated 1847, thus epitomizes the project, so far as it came under the consideration of the board, and recounts the action taken in the matter:—

We received from the committee of visitors of the county of Surrey, a proposal for the erection of a new asylum for four hundred lunatics belonging to that county, together with plans and estimates and other explanatory papers.

The plans indicated that the intended building was to adjoin the present asylum, which contains four hundred lunatic patients; that there were to be no new offices; and, in fact, that the intended asylum was to be merely an addition to, and was to form part of, the present institution.

After taking the subject into our consideration, we made a report thereon to Sir George Grey, suggesting that a new asylum should be built, and placed under a distinct medical officer; or, otherwise, that the second asylum should be erected at a less cost, and appropriated to chronic cases only. We expressed our opinion that, at all events, provision should be made for the residence of a second medical officer. We suggested also that the arrangement by which it was intended to erect buildings three stories high should be abandoned, and that certain alterations should be made in the projected dormitories. We also adverted to the estimate of the expenses amounting to £34,184 (or £85 per head), which we considered excessive for buildings for which offices were already provided.

In pursuance of our suggestions, the plans were in many material respects amended, and a residence was provided for an additional medical officer, and the alterations in the dormitories suggested by us were adopted; but the committee of

* See page 208.

visitors, in answering our objections, expressed their intention to adhere to their original plan of erecting a new building of three stories high, assigning as a reason that the suggested limitation to two stories would add considerably to the cost of the building. We subsequently endeavoured to induce the visitors to abandon their design, and to erect an asylum of not more than two stories in height, and altogether distinct from the present establishment, but without success; and we refrained from pressing our objections further, solely because we felt that a strong necessity existed for providing immediate additional accommodation for the large number of pauper lunatics in the county of Surrey.

Ultimately, a modified version of the scheme proposed by the committee was carried into effect, the sexes being accommodated in separate wings, and each placed under the care of a resident medical officer. The wing appropriated to male patients was opened in November, 1848, and placed under the superintendence of Mr. Holland, who, in 1846, succeeded Mr. Hill, the first resident medical officer at the asylum. Mr. Charles Snape was at the same date appointed resident medical officer for the female department. "In all matters relative to the medical treatment of the patients," the committee say, in the annual report dated April, 1849, "both resident medical officers continue to receive counsel and instruction from Sir Alexander Morison, who has been the visiting physician of the institution since its opening in 1841."

The enlargement was not completed until the close of 1849, when the committee, in the eighth annual report, intimated that 441 additional patients had been admitted, and the asylum, which at the commencement of the year 1849 contained only 400 inmates, had 841 within its walls at the close. A special report was made early in the year 1850, from which I extract the following passage. Reviewing the need of accommodation and its supply, the justices say—

The necessity for such accommodation is not to be attributed to any great and sudden increase of insanity in the county, although it is to be feared that this distressing malady is advancing beyond the general increase of the population.

It will be remembered that there were 504 pauper lunatics in the county in 1837, when the asylum was directed to be built, and there were at that time about fifty patients in Bethlem Hospital belonging to parishes in Surrey, for nearly a moiety of whom application for admission into the county asylum might reasonably be expected on their discharge from that institution uncured, the proportion of cures there being a little more than 50 per cent. It is obvious, therefore, that when the asylum was opened in 1842, no provision had been made in it for at least 245 patients, for whom admission might at that time have been required. The committee have also reason to believe that, since the asylum has been opened, and the advantages it affords to lunatics have become known and recognized throughout the county, many poor insane persons, long previously neglected at home, have been brought under the notice of the parish officers, and readily acknowledged to be suitable for admission into the asylum and a participation in that judicious medical care and kind moral treatment which it is the rule of the establishment to extend to all its patients.

The discovery, in this manner, of lunatics never before known to the parish officers, and the obligation that now exists, under the provisions of the 8 and 9 Vict. c. 126, of sending all pauper lunatics whatever to a county asylum, if

there be one, will account in a great measure for the apparently rapid increase of the number of insane poor in the county, and the consequent necessity on the part of the magistrates to provide proportionate additional accommodation.

The amount allowed by the court of quarter sessions for additional buildings was £47,000. . . .

The medical history of the asylum during this period of extension was not remarkable. The following, from the report of Sir Alexander Morison for the year 1846 (dated January, 1847), will suffice to show that the "non-restraint" system never obtained full recognition at Wandsworth, nor has it done so to this day :—*

On the subject of restraint, I may observe that our constant object is to diminish this, both in the form of seclusion and mechanical restraint, as much as safety will permit; of the latter, indeed, very little is employed, and that of the mildest example, such as restraining patients disposed to tear their clothes, or to strip themselves, by a dress made of strong materials, secured by the small Hanwell padlock, or by the frock used in Bethlem Hospital, termed a *sleeve-dress*, in which the sleeves are inside.

The names given to apparatus for coercion are unimportant. It is the principle of restraint, not the particular device by which it is carried out, that determines the character of the treatment. Whether the restraining garment is called a "strait-waistcoat," or "sleeves," or a "sleeve-dress," does not affect the fact that restraint by *physical* means is employed in place of moral suasion, which latter, if it be of a nature to elicit an effort of self-control, is in itself remedial, whereas opposition, whether by chains or clothing, intensifies the mischief it is designed to remedy.

In the report of the committee of justices for 1848 (dated April, 1849), I find this passage :—

The committee have pleasure in reporting that the use of mechanical restraint and seclusion on the male side has been, during the last year, very much less than ever previously reported; and they flatter themselves, by the continuance of a judicious mode of treatment, it may admit of further diminution.

It should be borne in mind that the practice of Dr. Conolly was at this time fully attested by experience. Restraint was ascertained, and demonstrated, to be wholly unnecessary. The hope expressed that "the continuance of a judicious mode of treatment" might result in the disuse of "mechanical restraints and seclusion" must be regarded as an avowal that wrong was being done which, when those who did it were more experienced, might come to an end. The committee proceed :—

The medical officers of the establishment have found it necessary, during the year, to resort to a more than ordinary amount of restraint and seclusion amongst the female patients. The committee have reason to believe that the increased excitement of the females (which has rendered the use of additional restraint and seclusion necessary) may be attributed to the noise and confusion of the workmen

* "By the non-restraint system is understood the system which does not employ restraint, by dresses, gloves, belts, or other similar contrivances."—*Note to the section on "Restraint," Report of Metropolitan Commissioners, 1843-4.*

employed in the erection of those parts of the new buildings which approximate close upon the airing grounds and wards occupied by the female patients.

The committee regard it as an essential part of their duty to take care that no more restraint or seclusion is ever used than is absolutely necessary for the protection of the patients themselves, and they are happy to find that all officers of the asylum are desirous of carrying out their views on this important subject.

The notion of a lay committee assuming the right to judge how much "restraint or seclusion" may be necessary, and taking care that "no more restraint or seclusion is ever used," is one which it must be hoped the justices of Surrey no longer entertain.

In 1849 Mr. Holland resigned the office of resident medical officer of the male department, and Dr. Hugh Welch Diamond was ultimately appointed to the female department, Mr. Snape being at his own request transferred to the male.

Sir Alexander Morison's report for 1849 (dated January, 1850), contains the following retrogressive opinion :—

Nor can I, although averse to any restraint whatever when it can be avoided, altogether overlook the striking benefit that in a few cases was the consequence of restraint, both personal and by seclusion, employed for a short period, by which the train of morbid ideas and the unlimited indulgence of morbid propensities appear to have been interrupted, and reflection on surrounding objects induced in the patient's mind, followed by a speedy recovery.

In their report for 1851 (dated April 6, 1852) the committee say :—

It will be observed that the number of patients [853] in the asylum at the close of the year was much greater than at its commencement, being, indeed, the largest number of inmates ever reported to the court; but there was at that time accommodation for about fifty more patients, and it is still trusted that the expectation expressed in former reports, as to the sufficiency of the asylum for the requirements of the county, will not be disappointed.

The weekly charge was at this time considerably reduced. In 1850 it was 8s.; in 1851, 7s. 6d.; in 1852, 7s. per head. A deficient supply of water occasioned great difficulty, and was finally met by an arrangement with the Lambeth company to deliver daily not less than 40,000 gallons, taken from the Thames at Thames Ditton. A new well was constructed in 1861, and this supply became unnecessary. The medical reports, up to, and for, the year 1851, had been signed by Sir Alexander Morison; the document dated January, 1852, bears the joint signatures of Sir Alexander Morison, Mr. C. Snape, and Dr. Hugh W. Diamond.

The question of accommodation was revived in 1853, and on April 5th, the visiting justices reproduced from their quarterly report presented at the previous Epiphany session the following statement :—

"The committee regret to report that their expectations as to the sufficiency of the asylum for the requirements of the county have not been realized. In 1846 it became necessary to enlarge the establishment, in consequence of there being no fewer than 289 pauper lunatics in the county for whom admission into the asylum was required, but for whom there was no room in the building. The court then directed that provision should be made for 500 additional patients, and this was

completed about the close of the year 1848; since which the admissions and discharges have been as follows:—

	Admitted.	Discharged. or died.	Leaving in asylum on 31st Dec.
1849	... 441	... 140	... 701
1850	... 315	... 234	... 782
1851	... 359	... 288	... 853
1852	... 360	... 329	... 884

The committee proceed to point out the enlargements in progress, and proposed securing an increase of 72 beds at a cost of £1500. Certain works on the former buildings were necessary, and in all £2000 was expended. The year 1853 witnessed a considerable rise in the prices of provisions, and the charge for 1854 was raised to 9s. per week.

In 1853 the Act 16 and 17 Vict., c. 97, came into operation, and previous Acts were repealed. Amongst other important provisions which fell to the ground were the sections of 8 and 9 Vict., c. 120, which made it obligatory on the justices of a county to provide for chronic cases by appropriating workhouses and other suitable buildings. I have cited these passages (at page 64) as applicable to the needs of Surrey. Up to this date they were in full force; but, being practically useless, they were not re-enacted in the statute now imposed.* The Secretary of State had still power to require the authorities of a county to provide the accommodation necessary. It would, however, appear that he had no power to enforce his requirement.

Under the new Act it became necessary for committees of visitors to lay before the justices of their county, at the court of general quarter sessions next after the 20th of December in each year, a report of the condition of the asylum and its sufficiency. The medical officers of Wandsworth were, accordingly, called upon to make special returns, Mr. Snape for the male department, and Dr. Diamond for the female. The returns at this time were satisfactory.

The annual report for 1854 (dated April, 1855) announces the completion of the alterations:—

The additional buildings directed by the court in January and July, 1853, to be erected, are now completed, whereby the asylum is rendered capable of accommodating 430 male and 534 female patients; and arrangements have been made for providing suitable and beneficial occupation for all such of them as are capable of employment.

The asylum is not susceptible of much (if any) further enlargement, except by the erection of new buildings; and notwithstanding the great extent of additional accommodation that has been provided during the last few years, it is still occasionally found insufficient for the requirements of the county. Several times during the year the committee have been obliged to close the doors of the asylum against the admission of patients, in consequence of there not being room for them. At one time male patients were alone excluded, at another time females, and sometimes both. This restriction on the admission of patients was increased by the obligation the committee felt themselves under of keeping in reserve during

* See footnote, page 64.

the summer two parts of the establishment as a provision for the treatment of cholera, which fortunately never appeared in the asylum; but the necessity for such restriction has occurred since the reservation for cholera cases was discontinued in November last.

The committee discuss the provisions of the recent Act empowering any one of her Majesty's principal Secretaries of State to require an increase of accommodation, and intimate that they have under consideration a suggestion to remove to their parishes "all the patients that are quite harmless and inoffensive, though still of unsound mind, of whom there are a considerable number in the asylum." Mr. Snape reported:—

It is fully anticipated that this additional accommodation will be sufficient for the wants of the county for a considerable time to come, especially if some of the harmless and demented—and there are many such in this asylum—are removed to workhouses.

Dr. Diamond observed:—

Contrary to my calculations last year, and contrary to the previous ratio of admissions and discharges, the wards in the asylum appropriated to female patients are at this time quite full; and I see but little prospect of many vacancies occurring to supply the future wants of the county, and to secure the immediate admission of *recent* cases, which derive so much benefit from prompt and proper remedies. In the asylum, at this time, are a large number of that class of patients spoken of in my former report as being perfectly harmless both to themselves and others, although they are of unsound mind. They require the mere attention of an ordinary sick nurse, and might with entire safety be retained in their respective parish workhouses. During the past year the disposition of parish authorities to send such persons as require some little extra care and attention has increased rather than diminished. I beg to impress on the committee the absolute power given them, in the recent Act of Parliament, to discharge any person detained in the asylum *cured or not*; and this proper authority, being cautiously acted on from time to time, I think would give much accommodation, and enable us to relieve many urgent cases; for I am convinced it is only in an asylum like this, properly constructed, having ample means, and conducted with liberality and watchfulness, that *recent* cases of insanity can be treated with full benefit to the sufferers, and with satisfaction to those whose duty it is to administer to their wants.

The report for 1855 (dated April, 1856) announces the resignation of Sir Alexander Morison, who had held the office of visiting physician from the opening. Sir Alexander retired with a superannuation pension of £140 per annum, and the office was not filled up. The resident medical officers were thenceforward supreme in their respective departments.

The project of removing harmless and inoffensive patients from the asylum to the workhouses had been attempted, and the committee reported as follows:—

The plan has been tried, and has not been successful. Patients who, under the liberal and gentle treatment they experience in the asylum, are quiet and tractable, are not necessarily so under the stricter regulations of a workhouse; indeed, so far as the experiment has been tried, the reverse has been found to be the case,

most of the patients so discharged having been shortly afterwards returned to the asylum, or placed in some other institution for the insane, in consequence of their having become, with the inmates of the workhouses, "*a mutual annoyance to each other.*" Any arrangement short of an entire separation from the other inmates of the workhouses will be found to be inefficient.

It is only fair to say this experience substantially justifies the opinion expressed by Dr. Conolly on a similar proposal made to the committee at Hanwell by the Commissioners some time previously. Dr. Arlidge, in his admirable essay "On the State of Lunacy, and the Legal Provision for the Insane," cites the "declaration against the plan on the part of the Surrey magistrates" as "the more important because they put it into practice with the persuasion that it would work well." The experiment, to my own mind, was entirely inconclusive. The cases sent back were simply transferred to workhouse wards without any special preparation for their control and comfort. The scheme I have recommended, and which I know by personal experience to be not only practicable but advantageous, involves the construction of separate wards for harmless and incurable lunatics, under proper management, at the workhouses. In regard to this matter, and in many other respects, the poor-houses around London have been strangely inferior to those in the large cities and towns of the provinces.

The following year was clouded over at Wandsworth by a painful case. A patient died within a quarter of an hour after emerging from a shower-bath in which he had been immersed five and twenty minutes, a large dose of tartar emetic being administered immediately after the bath. Small-pox invaded the institution during the autumn of 1856; but, happily, it was treated with uniform success.

The report for the year 1857 (dated April, 1858) is chiefly remarkable for the following extraordinary statement:—

The inadequacy of the asylum for the accommodation of all the pauper lunatics in the county has long occupied the attention of the committee of visitors. In the annual report of the year 1854, they suggested an arrangement under which harmless patients might be removed to their respective union-houses; and in accordance with this plan, numerous patients have been removed, but many of them have been returned to the asylum in consequence of their having been found *quite unfit to associate with the usual inmates of a workhouse.* In one large parish an attempt has been made to separate the insane from the ordinary occupants of the house, but the result, it is believed, has not met with the entire approbation of the Commissioners in Lunacy.

The entire separation of insane patients drafted back to the workhouse from the ordinary pauper inmates is an essential condition of success. The idea of exposing unsound or weak minds to even occasional contact with the sullen temper and brutish bearing of the habitual pauper cannot surely have been seriously entertained. I am in a position to state that at the time this report was written, and the failure of an experiment so strangely carried out recorded, the safe custody and kind treatment of

incurable lunatics in suitable wards attached to workhouses was entirely successful beyond the metropolitan district.

It is remarkable that, even at this date, the practice of allowing patients to take walks, under proper supervision, outside the asylum grounds was not tolerated in Surrey. The Commissioners urged the proceeding, but the committee rejoined that they had made the attempt, and found it impracticable on account of the numerous and serious complaints of many of the residents in the neighbourhood.

The year 1858 was spent in abortive deliberations on the further enlargement of the asylum. Alternative proposals to purchase new land and to redistribute the ninety-seven acres already occupied were discussed, and the usual energetic controversy with the Commissioners was carried on by the committee of visitors, supervised by a committee of justices appointed to report on their reports. It was finally resolved to defer action until the aid and counsel of a physician recently appointed to a new office in the institution could be secured. This was doubtless a prudent resolve.

Meanwhile, the following review of the growing need of accommodation in Surrey, presented at the Easter sessions, 1858, may be placed on record :—

PAUPER LUNATICS IN THE COUNTY OF SURREY, AT VARIOUS PERIODS.

On the 1st of January, 1858 :—

In the asylum, belonging to parishes in the county	...	819
Ditto ditto out of ditto	..	23
Ditto being county patients	...	104
		<hr/> 946
In licensed houses	...	76
In workhouses	...	325
Residing with friends	...	83
		<hr/>
Total	...	1430

In the county, exclusive of county patients and patients belonging to parishes out of the county :—

On the 1st of June, 1849	...	817
Ditto 1850	...	907
Ditto 1851	...	926
Ditto 1852	...	977
Ditto 1853	...	1005
Ditto 1854	...	1132
Ditto 1855	...	1157
Ditto 1856	...	1181
Ditto 1857	...	1223
Ditto 1858	...	1303

Average increase, 48·6 per annum.

It was agreed that, from these returns, accommodation is at present [*i.e.* 1858] required—

For the patients now in the asylum, viz.	...	...	946
Ditto in private asylums	...	...	76
Ditto in workhouses	...	assume	163

1185

Being about 240 more than the asylum is capable of accommodating, and for whom additional accommodation is immediately wanted.

The following table is from the report of the Brookwood Asylum for 1875. It has been already noticed, but may conveniently be placed in juxtaposition with that above quoted, which it amplifies and brings down to date.

YEARS.	In Asylums.			In Workhouses.	With Friends.	Total No. of Pauper Lunatics.	Increase or Decrease over previous Year.			
	In County Asylums.	In Out-County and Criminal Asylums and Licensed Houses.	Total in Asylums.				In Asylums.	In Workhouses.	With Friends.	Total Increase or Decrease.
Dec. 31										
1853	...	...	...	...	...	1202	...	...	...	...
1854	...	...	...	...	...	1232	...	...	...	30
1855	...	...	...	...	...	1252	...	...	...	20
1856	...	...	...	...	...	1307	...	...	...	55
1857	...	...	...	...	...	1407	...	...	...	100
1858	...	...	...	...	...	1474	...	...	...	67
1859	934	168	1102	406	95	1603	...	...	...	129
1860	938	173	1111	438	115	1664	9	32	20	61
1861	914	344	1256	439	115	1810	145	1	...	146
1862	904	432	1336	495	114	1945	80	46	1	135
1863	909	430	1339	504	107	1950	3	9	7	5
1864	904	424	1328	490	104	1922	11*	14*	3*	28*
1865	901	481	1382	512	113	2007	54	22	9	85
1866	903	516	1419	574	110	2103	37	62	3*	96
1867	1204	338	1542	553	117	2212	123	21*	7	109
1868	1412	278	1690	550	118	2358	158	3*	1	146
1869	1509	410	1919	413	131	2463	229	137*	13	105
1870	1584	395	1979	446	133	2558	60	33	2	95
1871	1569	86	1655	953	145	2753	324*	507	12	195
1872	1572	185	1757	1018	138	2913	102	65	7*	160
1873	1566	322	1888	1145	118	3151	131	127	20*	238
1874	1589	407	1996	1125	133	3254	108	20*	17	103
1875	1850	90	1940	1179	125	3244	56*	54	8*	10*

N.B.—In the last four columns the * shows decrease.

In a special report dated October 18th, 1859, the committee say:—

The asylum is now capable of containing about 950 patients, of whom 167 can be lodged in single rooms, suitable for the excited and the violent, and the remainder in dormitories suitable only for patients in a tranquil state; the whole of the single rooms being always in use, and, in the opinion of the resident physician of the

asylum, not sufficiently numerous for the proper treatment of the great number of excited and dangerous patients generally in the asylum.

An important change effected in the constitution of the medical staff during 1858, on the resignation of Dr. Diamond, may be narrated in the words of the committee in the report dated April, 1859 :—

. . . . The asylum has been placed under the superintendence, as Chief Resident Physician, of Dr. Meyer, who has had extensive experience in the treatment of insanity, and whose testimonials are of a high order.

Under the committee of visitors, he has control over all the other officers and the servants in everything pertaining to the maintenance, care, occupation, and amusements of the patients ; and, subject to the rules of the asylum, he will be held responsible for the management, the condition, and the general arrangements of the establishments. He will be aided in the performance of his important duties by at least two resident medical assistants, a third resident medical officer having recently been appointed for that purpose.

This most salutary arrangement, making the medical authority again supreme in the asylum, marks an epoch in the history of the Surrey asylum which placed it on a new and satisfactory footing.

The Commissioners record their approval of certain changes carried out by Dr. Meyer immediately after his appointment. The judgment of the physician on the condition of the institution, as he found it, may be inferred from the following passage in his first report, dated December 31, 1858 :—

The asylum is very much crowded, and the general health of the inmates is considerably below par. I cannot but connect these two facts ; I believe that the low standard of health, so perceptible in the patients, is partly dependent upon the crowded state of the dormitories, in which they pass ten hours out of the twenty-four throughout the year.

The following is Dr. Meyer's opinion on further enlargement, upon which the committee postponed action in 1858. It is extracted from his report dated December 29, 1860. The view expressed is general rather than particular in its application to Surrey.

The increasing number of lunatics in this and other counties has given rise to a question of no small importance—the best size for a public lunatic asylum. Large asylums have been very generally condemned, and strong opinions have been expressed that no asylum ought to contain more than 400 or 500 patients, principally on the ground that one man cannot himself superintend more than that number.

The magistrates of a county having to provide accommodation for a large number—say, 1500 lunatics—may adopt one of two plans. They may build three asylums, each to contain 500 patients, each asylum having its medical superintendent and assistant medical officer, its steward, office, and staff of mechanics ; probably, also, its own committee of visitors, with their clerk. Or they may erect suitable buildings for 1500 lunatics on one site, though not in one block. They may place the whole establishment under the general direction of one officer, who would be responsible for the efficiency of those serving under him ; who would be a competent judge of the manner in which the work was done by those entrusted with subdivisions of the asylum, himself giving a uniform character to the whole.

As the duties of the superintendent would be those of general management and inspection only, and as it would be necessary to give the assistant medical officers liberal salaries and allowances, no saving would probably be effected in the expense of the medical staff; not so in other important items. One office only would be required; one bakery, one gas-works, one brewery, one foreman of works, one bailiff. Less land would meet the wants of 1500 patients located on the same site than would be required for the erection of three separate asylums for the accommodation of the same number of insane.

I would not wish to be considered as advocating the cause of very large asylums, but rather the erection of several moderate-sized asylums on one site, with certain officers and buildings in common; thus combining economy with efficiency.

A singularly retrograde step was taken in 1860, apparently at the instigation of Dr. Meyer, and thus recorded in his last cited report:—

A straw-house has been erected for the male division, and straw beds have been introduced upon the principle that a sweet and clean straw bed-tick, stuffed with fresh straw, both renewed daily, is more wholesome and more comfortable for the use of dirty patients than hair or coir mattresses dried daily and renewed at intervals.

Such a provision could only be advocated on the hypothesis—so mischievous in lunacy—that the bad and dirty habits of patients are to be regarded as incurable, instead of being eradicated by proper training, their attendant evils being, meanwhile, obviated by systematic precautions; for example, that of raising patients habituated to dirty practices at such times as may be necessary to prevent the occurrence.

In March, 1861, Dr. Meyer reported—

That the cubic space allotted to each bed in the dormitories was insufficient, and that should small-pox or diphtheria occur in the asylum, it might spread to an alarming extent, in consequence of no provision being made for the separation of special cases of disease. On a careful consideration of this report, the committee directed the removal, as vacancies occur, of 24 beds from the wards for the male, and 19 from those for the female patients.

The arrangement was carried out, and the asylum at this time contained 414 beds for male, and 492 for female, patients—total, 906.

Dr. J. S. Biggs, the present medical superintendent, was appointed assistant medical officer in 1858. Mr. Snape resigned in 1859, and Dr. Biggs then became senior assistant medical officer, Dr. Moore succeeding to the post of junior. These officers were appointed to aid the superintendent, not to take charge of separate departments. In 1860 Dr. Moore retired, and Mr. William Orange was elected. In 1862 Dr. Meyer removed to Broadmoor, and Dr. Biggs became chief physician, Mr. Orange being senior assistant. The last-named gentleman soon followed Dr. Meyer to Broadmoor, where he was appointed deputy superintendent. Mr. G. W. Grabham took office in his place, and Mr. H. W. Jackson became junior. Dr. Grabham was elected superintendent of the idiot asylum at Brookwood in 1868; Mr. Jackson becoming senior, and Mr. Ward being elected to the junior office. Mr. Jackson retired after twelve years' service in 1874, and Mr. Ward became senior; Mr. Hosking being junior.

In 1862 it was finally decided to build a new asylum at Brookwood, as detailed in the report on that establishment. Considerable additions were, however, made to the asylum at Wandsworth, and more land, to the extent of thirty acres, purchased. Under the administration of Dr. Biggs, great improvements have been effected; for example, the substitution of boarded floors for stone and asphalte in every part of the asylum, a more effective system of ventilation, better clothing, and extended amusements, with walks in and beyond the asylum grounds, for the patients. The number of single rooms has been largely increased, the accommodation being augmented by 46 beds, from 914 to 960, at a cost of about £4000. In the report for 1871 (dated April, 1872), the committee say :—

. . . . We are fully impressed with the great benefit it will be to this asylum to have a separate building in which any infectious cases can be treated, and are therefore now erecting, under the supervision of our own bricklayer and carpenter, a cottage hospital from plans submitted to us by Dr. Biggs, and (relying on the success of our former building operation) without employing any architect or contractor.

Up to this period (1871) the building, as a whole, had cost £146,649 1s. 6d. A further grant of £18,000 was made in 1872, and the asylum now receives 1083 patients. The cost of maintenance has increased during the last fifteen years here as elsewhere, and since January, 1875, the charge has been 10s. 6d. per head.

The general policy of the management has been humane and judicious. Great stress has been laid on the importance of providing suitable occupation for patients, and with the best results. The medical authority has been confirmed and extended. In 1873 the steward resigned, and the whole of the establishment, including the servants, was placed under the control of the medical superintendent, whose position is therefore well defined.

RESULTS.

The total of "curable" cases at Wandsworth bears a proportion of 33·00 per cent. to the total of "admissions" during the ten years 1865-74. The average annual percentage of "recoveries" on curable cases for the same period is 67·89. The average annual recoveries number 33·12 per cent. of the admissions. "General paralysis" accounts for 173 of the 754 deaths returned during the ten years, or 22·94 per cent.* The mean annual proportion of deaths on admissions is 38·59.

* The Metropolitan Commissioners, in their report for 1843-4, estimated the proportion of cases of General Paralysis to the total of admissions at Wandsworth as 16 G.P. in 120.

STATISTICAL TABLES.

The tables occupying pages 236-47 cover the full period from the opening of the Surrey Asylum in June, 1841, to the close of 1874. The blanks are numerous. I have been unable to extract more complete information from the reports. Great courtesy has been shown me, and much time and trouble expended by the medical superintendent in the endeavour to aid my researches. I desire to record a warm acknowledgment of his kind assistance. It was, however, impossible to supply the defects and deficiencies of tables and statements which in the history of Wandsworth have been voluminous rather than detailed, diffuse instead of definitive. For the general purpose of conveying such information as the justices required, no doubt these reports have been abundantly sufficient; but I do not think they can be regarded as adequate to the needs of an inquiry having precise objects. It is possible that I may have failed to glean all the facts embodied in the reports, but, making liberal allowance for what might have been accomplished by a more expert statistician, I think no sufficient notion of the progress and work of an asylum can be obtained unless the records presented to the county are more complete than those with which I have had to deal in the case of Wandsworth.

The table is explained in the notes on pages 70-74.

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, WANDSWORTH.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES . . .							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femls.	Total.	Deemed curable on admission.	Transferred from other asylums.	Re-lapsed cases re-admitted.				Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	
1840	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1840	(a)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1841	127	170	297	...	...	1	297	192	...	3	3	6	6	—	—	—
1842	55	61	116	...	...	2	396	299	155	13	17	30	13	15	2	—
1843	76	71	147	...	...	15	469	352	143	21	19	40	19	11	7	3
1844	71	28	99	...	...	12	480	389	193	9	13	22	14	6	2	—
1845	49	13	62	...	...	3	462	398	236	12	5	17	7	6	4	—
1846	37	21	58	...	...	6	459	401	247	10	10	20	5	3	7	3
1847	37	27	64	...	...	1	466	402	246	18	12	30	18	1	2	3
1848	48	15	63	...	...	3	459	390	234	13	7	20	10	4	1	1
1849	183	258	441	...	...	36	841	583	395	39	29	68	56	8	3	—
Gross number or proportion.	683	664	1347	...	...	79	1347	...	...	138	115	253	148	54	28	10
Average number or proportion.	75'9	73'8	149'7	...	...	8'8	481	378	231	15'3	12'8	28'1	16'4	6'8	3'5	1'3
Abstract of the above particulars for the																	
Gross number or proportion.	329	330	659	...	...	30	659	...	...	46	52	98	52	38	11	3
Average number or proportion.	82'3	82'5	164'8	...	...	7'5	411	308	164	11'5	13'0	24'5	13'0	12'7	3'7	1'0
Abstract of the above particulars for the																	
Gross number or proportion.	354	334	688	...	...	49	1088	...	...	92	63	155	96	16	17	7
Average number or proportion.	70'8	66'8	137'6	...	...	9'8	537	435	272	18'4	12'6	31'0	19'2	3'2	3'4	1'4

(a) This asylum was opened 14th June, 1841.

STATISTICS OF ASYLUM POPULATION, WANDSWORTH.

DISCHARGED.													CASES REMAINING ON DECEMBER 31st.				Year.
RE- CHANGED OR RE- MOVED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total num- ber.	Deemed curable.	Proportion per cent. of cases Deemed curable on Total number remain- ing.	Proportion per cent. of cases Deemed curable in C. & B. asylums generally.		
	Males.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Para- lysis.	Epi- lepsy.	Pul- monary Phthi- sis.	Suicide or Acci- dent.						
Re- ceived or Not Im- proved.	XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1840
2	3	6	9	...	...	...	...	...	...	...	...	...	280	...	...	...	1841
9	20	15	35	...	...	...	...	...	...	6	6	—	322	...	...	...	1842
10	25	13	38	16	5	12	1	...	...	8	2	—	381	...	...	...	1843
3	41	14	55	21	5	15	13	...	...	6	3	—	400	...	...	...	1844
4	32	8	40	22	3	9	4	...	...	8	9	—	401	...	...	...	1845
3	24	10	34	10	3	9	4	...	...	3	2	—	402	...	...	...	1846
5	25	10	35	9	1	5	4	...	...	5	7	2	396	...	...	...	1847
6	16	17	33	8	4	5	3	...	...	12	3	3	400	...	...	...	1848
11	26	35	61	28	9	2	1	...	...	7	3	4	701	...	...	...	1849
53	212	128	340	...	...	...	...	...	...	42	36	3	—	...	...	...	Gross number or pro- portion.
5'9	23'6	14'2	37'8	16'3	4'3	8'1	4'3	...	...	5'3	4'5	0'4	409	...	...	...	Average number or pro- portion.
four years 1841 to 1844 inclusive.																	
24	89	48	137	...	...	...	...	...	...	20	11	—	...	...	...	...	Gross number or pro- portion.
6'0	22'3	12'0	34'3	18'5	5'0	13'5	7'0	...	...	6'7	3'7	—	346	...	...	...	Average number or pro- portion.
five years 1845 to 1849 inclusive.																	
29	123	80	203	77	20	30	16	...	...	22	25	3	...	...	...	...	Gross number or pro- portion.
5'8	24'6	16'0	40'6	15'4	4'0	6'0	3'2	7'7	...	4'4	5'0	0'6	460	...	...	...	Average number or pro- portion.

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, WANDSWORTH.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				AGE.	SEX.				AGE.	SEX.				AGE.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.		Average age at admission.	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.		Average age at recovery.	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.		Average age at death.	
Males.	Femls.	Males.	Femls.		Males.	Femls.	Males.	Femls.		Males.	Femls.	Males.	Femls.			
1840	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1841	42'76	57'24	49'81	50'19	43'2	50'00	50'00	48'69	51'31	...	33'33	66'67	57'59	42'41	...	
1842	47'41	52'59	48'18	51'82	43'2	43'33	56'67	48'49	51'51	...	57'14	42'86	54'87	45'13	...	
1843	51'70	48'30	49'62	50'38	38'8	52'50	47'50	46'42	53'58	...	65'79	34'21	54'03	45'97	...	
1844	71'72	28'28	...	...	42'0	40'91	59'09	...	...	...	74'55	25'45	...	...	...
1845	79'03	20'97	...	...	39'1	70'59	29'41	...	...	...	80'00	20'00	...	...	...
1846	63'79	36'21	...	...	42'2	50'00	50'00	...	...	...	70'59	29'41	...	...	...
1847	57'81	42'19	...	...	42'7	60'00	40'00	...	...	...	71'43	28'57	...	...	...
1848	76'19	23'81	...	...	41'0	65'00	35'00	...	...	...	48'48	51'52	...	...	...
1849	41'50	58'50	46'47	53'53	40'7	57'35	42'65	40'00	60'00	...	42'62	57'38	51'42	48'58	...	
Gross number or proportion.	50'71	49'29	...	...	...	54'55	45'45	...	...	...	62'35	37'65	...	...	...
Average number or proportion.	59'10	40'90	...	...	41'4	54'41	45'59	...	...	...	60'44	39'56	...	...	45'2
Abstract of the above particulars for the four years 1841 to 1844 inclusive.																
Average number or proportion.	49'92	50'08	49'22	50'78	...	46'94	53'06	47'76	52'24	...	64'96	35'04	55'47	44'53	...	
Gross number or proportion.	53'40	46'60	49'20	50'80	41'8	46'69	53'31	47'87	52'13	...	57'70	42'30	55'50	44'50	...	
Abstract of the above particulars for the five years 1845 to 1849 inclusive.																
Gross number or proportion.	51'45	48'55	...	...	...	59'35	40'65	...	...	...	60'59	39'41	...	...	...
Average number or proportion.	63'66	36'34	...	...	41'1	60'59	39'41	...	...	...	62'62	37'38	...	...	...

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, WANDSWORTH.

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1840	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1841	2'02	34'01	2'02	...	3'13	10'26	...	...	16'67	...	3'03	40'25	3'03	...	4'69	12'14
1842	25'86	37'61	7'58	...	10'03	10'85	...	...	6'67	...	30'17	38'74	8'84	...	11'71	11'18
1843	27'21	37'49	8'53	...	11'36	12'23	...	...	37'50	...	25'85	35'98	8'10	...	10'80	11'74
1844	22'22	...	4'58	...	5'66	...	...	...	54'55	...	55'56	...	11'46	...	14'14	...
1845	27'42	...	3'68	...	4'27	...	...	...	17'65	...	64'52	...	8'66	...	10'05	...
1846	34'48	...	4'36	...	4'99	...	...	...	30'00	...	58'62	...	7'41	...	8'48	...
1847	46'88	...	6'44	...	7'46	...	...	...	3'33	...	54'69	...	7'51	...	8'71	...
1848	31'75	...	4'36	...	5'13	...	...	...	15'00	...	52'38	...	7'19	...	8'46	...
1849	15'42	37'25	8'09	...	11'66	10'52	...	...	52'94	...	13'83	55'10	7'25	...	10'46	15'56
Gross number or proportion.	18'78	...	18'78	...	...	...	...	...	31'23	...	25'24	...	25'24	...	...	...
Average number or proportion.	25'92	...	5'52	...	7'08	...	...	...	26'03	...	39'85	...	7'72	...	9'72	...
<i>Abstract of the above particulars for the four years 1841 to 1844 inclusive.</i>																
Gross number or proportion.	14'87	36'44	14'87	...	...	...	...	...	30'61	...	20'79	38'19	20'79	...	...	...
Average number or proportion.	19'33	36'37	5'68	...	7'55	11'11	—	...	28'85	...	28'65	38'32	7'86	...	10'34	11'69
<i>Abstract of the above particulars for the five years 1845 to 1849 inclusive.</i>																
Gross number or proportion.	22'53	...	14'25	...	...	...	...	...	31'61	...	29'51	...	18'66	...	...	...
Average number or proportion.	31'19	...	5'39	...	6'70	...	...	...	23'78	...	48'81	...	7'60	...	9'23	...

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, WANDSWORTH.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.				
	Males.	Femals.	Total.		Deemed curable on admission.	Transferred from other asylums.				Re-lapsed cases re-admitted.	Males.	Femals.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1850	154	161	315	...	...	32	1016	749	507	44	60	104	62	31	9	—
1851	175	184	359	...	...	49	1141	827	527	53	63	116	56	40	10	6
1852	171	189	360	...	...	59	1213	867	550	64	112	176	110	36	17	8
1853	136	193	329	...	...	66	1213	889	562	65	104	169	118	27	15	5
1854	161	168	329	...	...	49	1200	906	588	67	75	142	90	23	12	1
1855	173	136	309	138	...	59	1230	919	635	71	77	148	96	28	10	4	
1856	151	92	243	143	...	37	1180	931	626	61	37	98	61	27	6	3	
1857	142	88	230	56	...	29	1152	944	581	42	38	80	42	23	11	—	
1858	109	121	230	64	...	33	1181	951	549	28	39	67	44	12	4	1	
1859	120	53	173	72	...	16	1128	948	462	40	28	68	36	19	7	2	
1860	157	76	233	73	...	28	1171	942	444	47	26	73	51	10	7	3	
1861	43	26	69	28	...	11	1011	924	385	25	12	37	19	12	3	1	
1862	50	45	95	40	...	9	999	906	377	20	15	35	18	6	6	3	
1863	77	50	127	44	...	8	1037	915	397	22	25	47	28	11	2	2	
1864	77	56	133	73	...	12	1051	913	426	26	15	41	22	8	3	...	
Gross number or proportion.	1896	1638	3534	...	...	497	4235	...	...	675	726	1401	853	313	122	39
Average number or proportion.	126'4	109'2	235'6	73'1	...	33'1	1128	902	508	45'0	48'4	93'4	56'9	20'9	8'1	2'6	
Abstract of the above particulars for the																	
Gross, &c.	797	895	1692	...	...	255	2393	...	...	293	414	707	436	157	63	20
Average, &c.	159'4	179'0	338'4	...	...	51'0	1157	848	547	58'6	82'8	141'4	87'2	31'4	12'6	4'0
Abstract of the above particulars for the																	
Gross, &c.	695	490	1185	473	...	174	2106	...	...	242	219	461	279	109	38	10
Average, &c.	139'0	98'0	237'0	94'6	...	34'8	1174	939	571	48'4	43'8	92'2	55'8	21'8	7'6	2'0	
Abstract of the above particulars for the																	
Gross, &c.	404	253	657	258	...	68	1595	...	...	140	93	233	138	47	21	9
Average, &c.	80'8	50'6	131'4	51'6	...	13'6	1054	920	406	28'0	18'6	46'6	27'6	9'4	4'2	1'8	

STATISTICS OF ASYLUM POPULATION, WANDSWORTH (Continued).

DISCHARGED.													CASES REMAINING ON DECEMBER 31ST.				Year.
RE-CHARGED OR RE-ADMITTED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total number.	Deemed curable.	Proportion per cent. of cases deemed curable on Total number remaining.	Proportion per cent. of cases deemed curable in C. & B. Asylums generally.		
	Males.	Femals.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	General Paralysis.	Epilepsy.	Pulmonary Phthisis.	Suicide or Accident.						
Re- lieved or Not im- proved.	XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.	
34	59	37	96	37	20	20	...	19	12	3	—	782	...	...	...	1850
52	59	61	120	42	18	21	18	30	14	7	2	853	...	...	...	1851
52	57	44	101	43	16	14	12	32	14	8	2	884	...	...	...	1852
56	65	52	117	50	13	18	6	34	15	11	1	871	...	...	...	1853
34	59	44	103	44	19	15	6	16	10	7	1	921	17	1'85	9'86	1854	
27	65	53	118	41	15	18	10	23	13	11	1	937	8	0'85	10'19	1855	
49	75	36	111	40	10	16	10	20	10	14	1	922	53	5'75	14'38	1856	
37	62	22	84	36	12	7	3	25	13	11	—	951	29	3'05	12'09	1857	
62	56	41	97	31	8	12	12	28	15	11	—	955	26	2'72	10'56	1858	
24	68	30	98	24	14	14	8	13	7	11	2	938	30	3'20	11'20	1859	
37	85	34	119	...	...	...	...	41	8	29	1	942	30	3'18	10'03	1860
13	30	27	57	...	...	...	...	11	3	14	1	904	21	2'32	11'26	1861
6	32	16	48	...	...	...	...	13	1	11	1	910	26	2'86	10'26	1862
14	37	21	58	...	...	...	...	13	7	8	—	918	23	2'51	9'80	1863
21	41	33	74	...	...	...	...	15	9	9	—	915	55	6'01	10'97	1864
51'8	850	551	1401	...	...	...	...	333	151	165	13	...	...	...	...	Gross number or proportion
34'5	56'7	36'7	93'4	38'8	14'5	15'5	8'5	22'2	10'1	11'0	0'9	907	28'9	3'12	10'96	Average number or proportion	
five years 1850 to 1854 inclusive.																	
228	299	238	537	196	86	88	42	131	65	36	6	...	...	...	...	Gross, &c.
45'6	59'8	47'6	107'4	39'2	17'2	17'6	8'4	26'2	13'0	7'2	1'2	862	...	...	...	Average, &c.
five years 1855 to 1859 inclusive.																	
199	326	182	508	172	59	67	43	109	58	58	4	...	...	...	...	Gross, &c.
39'8	65'2	36'4	101'6	34'4	11'8	13'4	8'6	21'8	11'6	11'6	0'8	941	29'2	3'11	11'68	Average, &c.	
five years 1860 to 1864 inclusive.																	
91	225	131	356	...	...	...	...	93	28	71	3	...	...	...	...	Gross, &c.
18'2	45'0	26'2	71'2	...	...	...	...	18'6	5'6	14'2	0'6	918	31'0	3'38	10'46	Average, &c.

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, WANDSWORTH (Continued).

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)						
	SEX.				AGE.	SEX.				AGE.	SEX.				AGE.							
	Proportion per cent. of the Sexes in this asylum.	Proportion per cent. of the Sexes in County & Boro' asylums generally.	Average age at admission.			Proportion per cent. of the Sexes in this asylum.	Proportion per cent. of the Sexes in County & Boro' asylums generally.	Average age at recovery.	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.	Average age at death.										
													Males.	Femals.			Males.	Femals.	Males.	Femals.	Males.	Femals.
I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.							
1850	48'89	51'11	49'90	50'10	39'8	42'31	57'69	48'14	51'86	...	61'46	38'54	52'85	47'15	...	...				
1851	48'75	51'25	45'97	54'03	41'1	45'69	54'31	43'57	56'43	...	49'17	50'83	54'31	45'69	...	...				
1852	47'50	52'50	47'87	52'13	40'8	36'36	63'64	45'45	54'55	...	55'43	43'57	50'78	49'22	...	...				
1853	41'34	58'66	50'43	49'57	40'0	38'46	61'54	44'54	55'46	...	55'56	44'44	58'10	41'90	...	...				
1854	48'94	51'06	49'85	50'15	39'6	47'18	52'82	46'81	53'19	...	57'28	42'72	56'24	43'76	...	...				
1855	55'99	44'01	52'12	47'88	39'0	47'97	52'03	45'80	54'20	...	55'08	44'92	58'27	41'73	...	95'48						
1856	62'14	37'86	51'45	48'55	39'3	62'24	37'76	47'61	52'39	...	67'56	32'44	56'57	43'43	...	64'90						
1857	61'74	38'26	49'86	50'14	40'4	52'30	47'50	45'47	54'53	...	73'81	26'19	56'63	43'37	...	73'39						
1858	47'39	52'61	48'41	51'59	42'1	41'79	58'21	45'14	54'86	...	57'73	42'27	53'85	46'15	...	72'04						
1859	69'36	30'64	49'36	50'64	39'5	58'82	41'18	45'57	54'43	...	69'39	30'61	55'84	44'16	...	69'39						
1860	67'38	32'62	47'83	52'17	37'9	64'38	35'62	44'00	56'00	...	71'43	28'57	58'36	41'64	...	70'87						
1861	62'32	37'68	49'23	50'77	39'1	67'57	32'43	43'15	56'85	...	52'63	47'37	55'98	44'02	...	63'79						
1862	52'63	47'37	50'43	49'57	39'2	57'14	42'86	45'40	54'60	...	66'67	33'33	55'41	44'59	...	57'38						
1863	60'63	39'37	49'45	50'55	37'1	46'81	53'19	44'77	55'23	...	63'79	36'21	56'89	43'11	...	67'14						
1864	57'89	42'11	50'03	49'97	39'9	63'41	36'59	45'92	54'08	...	55'41	44'59	54'12	45'88	...	42'71						
Gross number or proportion.	53'65	46'35	49'65	50'35	...	48'18	51'82	45'37	54'63	...	60'67	39'33	56'00	44'00	...	...				
Average number or proportion.	55'53	44'47	49'48	50'52	39'7	51'51	48'49	45'42	54'58	...	60'89	39'11	55'61	44'39	...	67'71						
Abstract of the above particulars for the five years 1850 to 1854 inclusive.																						
Gross, &c.	47'10	52'90	49'24	50'76	...	41'44	58'56	46'24	53'76	...	55'68	44'32	55'21	44'79	...	...				
Average, &c.	47'08	52'92	48'80	51'20	40'3	42'00	58'00	45'70	54'30	...	55'98	44'02	54'46	45'54	...	...				
Abstract of the above particulars for the five years 1855 to 1859 inclusive.																						
Gross, &c.	58'65	41'35	50'13	49'87	...	52'49	47'51	45'88	54'12	...	64'17	35'83	56'21	43'79	...	...				
Average, &c.	59'32	40'68	50'24	49'76	40'1	52'66	47'34	45'92	54'08	...	64'71	35'29	56'23	43'77	...	75'04						
Abstract of the above particulars for the five years 1860 to 1864 inclusive.																						
Gross, &c.	61'49	38'51	49'38	50'62	...	60'09	39'91	44'70	55'30	...	63'20	36'80	56'09	43'91	...	...				
Average, &c.	60'17	39'83	49'39	50'61	38'6	59'86	40'14	44'65	55'35	...	61'99	38'01	56'15	43'85	48'5	60'38						

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, WANDSWORTH (Continued).

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Average number resident in each County and Boro' asylums generally.	Proportion per cent. on Average number resident in each County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Average number resident in each County and Boro' asylums generally.	Proportion per cent. on Average number resident in each County and Boro' asylums generally.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1850	33'02	41'67	10'24	...	13'89	11'91	...	...	30'77	...	30'48	35'76	9'45	...	12'82	10'22
1851	32'31	32'08	10'17	...	14'03	9'15	...	...	42'24	...	33'43	36'96	10'52	...	14'51	10'54
1852	48'89	38'62	14'51	...	20'30	9'72	...	...	33'52	...	28'06	41'06	8'33	...	11'65	10'33
1853	51'37	35'23	13'93	...	19'01	9'61	...	...	39'05	...	35'56	40'42	9'65	...	13'16	11'03
1854	43'16	38'33	11'83	10'07	15'67	13'34	...	...	34'51	...	31'31	36'45	8'58	9'57	11'37	12'69
1855	47'90	42'19	12'03	10'23	16'10	13'31	...	...	39'86	...	38'19	36'92	9'59	8'95	12'84	11'65
1856	40'33	38'19	8'31	9'41	10'53	12'22	...	...	37'76	...	45'68	33'54	9'41	8'27	11'92	10'73
1857	34'78	38'78	6'94	9'67	8'47	12'49	...	...	36'25	...	36'52	32'17	7'29	8'02	8'90	10'36
1858	29'13	39'42	5'67	9'77	7'05	12'57	...	...	49'25	...	42'17	33'08	8'21	8'20	10'20	10'55
1859	39'31	34'04	6'03	9'61	7'17	12'69	...	...	23'53	...	56'65	27'49	8'69	7'76	10'34	10'25
1860	31'33	30'67	6'23	8'45	7'75	11'26	...	...	38'36	...	51'07	33'13	10'16	9'12	12'63	12'16
1861	53'62	35'42	3'66	8'93	4'00	11'57	...	...	29'73	...	82'61	33'77	5'64	8'52	6'17	11'03
1862	36'84	39'28	3'50	9'36	3'86	11'95	...	...	25'71	...	50'53	33'39	4'30	7'95	5'30	10'16
1863	37'01	36'93	4'53	8'56	5'14	10'91	...	...	17'02	...	45'67	35'29	5'59	8'18	6'34	10'42
1864	30'83	37'12	3'90	8'67	4'49	11'07	...	...	29'27	...	55'64	39'35	7'04	9'19	8'11	11'73
Gross number or proportion.	39'64	36'97	33'08	29'75	...	...	...	...	35'47	...	39'64	34'28	33'08	27'28	...	...
Average number or proportion.	39'32	37'39	8'10	9'34	10'50	11'58	...	...	33'79	...	44'24	35'25	8'20	8'52	10'42	10'92

Abstract of the above particulars for the five years 1850 to 1854 inclusive.

Gross, &c.	41'78	37'62	29'54	...	...	...	...	...	36'07	...	31'74	37'40	22'44	...	...	...
Average, &c.	41'75	37'19	12'14	...	16'58	10'75	...	...	36'02	...	31'77	38'13	9'31	...	12'70	10'96

Abstract of the above particulars for the five years 1855 to 1859 inclusive.

Gross, &c.	38'90	38'21	21'89	24'72	...	...	...	...	37'74	...	42'87	32'26	24'12	20'87	...	...
Average, &c.	38'29	38'52	7'30	9'74	9'86	12'66	...	...	37'33	...	43'84	32'64	8'64	8'24	10'84	10'71

Abstract of the above particulars for the five years 1860 to 1864 inclusive.

Gross, &c.	35'46	35'82	14'61	23'14	...	...	...	...	29'18	...	54'19	35'01	22'32	22'62	...	...
Average, &c.	37'93	35'88	4'36	8'79	5'05	11'35	...	...	28'02	...	57'10	34'99	6'65	8'59	7'71	11'10

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, WANDSWORTH (*Continued*).

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES									
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.						
	Males.	Femls.	Total.		Deemed curable on admission.	Transferred from other asylums.				Relapsed cases re-admitted.	Males.	Femls.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.		
I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.				
1865	70	52	122	23	...	6	1037	913	402	21	21	42	24	8	7	2			
1866	76	45	121	27	...	6	1035	907	422	27	14	41	24	5	8	—			
1867	120	87	207	30	...	20	1122	910	431	14	14	28	18	4	5	1			
1868	69	76	145	45	...	10	1055	912	438	24	21	45	23	11	8	2			
1869	67	56	123	29	5	3	1037	910	434	16	18	34	16	11	3	1			
1870	98	126	224	66	28	16	1134	911	422	43	30	73	41	15	7	7			
1871	200	287	487	147	163	27	1440	899	415	47	67	114	57	44	7	2			
1872	136	96	232	87	7	24	1182	954	430	52	47	99	55	30	12	1			
1873	83	156	239	100	25	20	1195	946	424	39	53	92	46	29	11	4			
1874	145	152	297	171	16	33	1233	961	431	75	84	159	105	38	11	2			
Gross number or proportion.	1064	1133	2197	725	...	165	3112	—	—	358	369	727	409	195	79	22			
Average number or proportion.	106'4	113'3	219'7	72'5	40'7	16'5	1147	922'3	424'9	35'8	36'9	72'7	40'9	19'5	7'9	2'2			
Abstract of the above particulars for the																			
Gross number or proportion.	402	316	718	154	...	45	1633	—	—	102	88	190	105	39	31	6			
Average number or proportion.	80'4	63'2	143'6	30'8	...	9'0	1057	910	425'4	20'4	17'6	38'0	21'0	7'8	6'2	1'2			
Abstract of the above particulars for the																			
Gross number or proportion.	662	817	1479	571	239	120	2389	—	—	256	281	537	304	156	48	16			
Average number or proportion.	132'4	163'4	295'8	114'2	47'8	24'0	1237	934	424'4	51'2	56'2	107'4	60'8	31'2	9'6	3'2			

STATISTICS OF ASYLUM POPULATION, WANDSWORTH (Continued).

DISCHARGED.												CASES REMAINING ON DECEMBER 31ST.				Year.
DISEASED OR RECOVERED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total number.	Deemed curable.	Proportion per cent. of cases Deemed curable on Total number remaining.	Proportion per cent. of cases Deemed curable in C. & B. Asylums generally.	
	Males.	Femla.	Total.	Six months, or less.	Between six and twelve months.	Between one and two years.	Between two and three years.	General Paralysis.	Epilepsy.	Pulmonary Phthisis.	Suicide or Accident.					
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.	
16	37	28	65	...	...	...	...	10	4	14	1	914	36	3'94	9'87	1865
14	43	22	65	11	9	13	5	24	5	10	1	915	22	2'40	9'37	1866
137*	24	23	47	7	5	5	5	13	—	5	2	910	24	2'64	8'66	1867
38	35	23	58	10	8	11	3	19	3	5	—	914	24	2'63	9'23	1868
27	43	23	66	10	6	14	7	11	3	...	—	910	19	2'09	7'68	1869
34	46	28	74	18	5	7	10	17	4	...	1	953	12	1'26	8'90	1870
277†	60	39	99	46	11	5	6	17	8	...	1	950	45	4'74	8'89	1871
42	50	35	85	26	19	19	4	20	4	...	2	956	33	3'45	8'13	1872
83	42	42	84	17	6	17	10	22	6	...	—	936	41	4'38	7'31	1873
15	61	50	111	32	17	15	11	20	2	...	1	948	53	5'59	7'47	1874
683	441	313	754	...	...	...	...	173	39	...	9	...	...	...	...	Gross number or proportion.
68'3	44'1	31'3	75'4	19'7	9'6	11'8	6'8	17'3	3'9	...	0'9	930'6	30'9	3'31	8'55	Average number or proportion.
five years 1865 to 1869 inclusive.																
232	182	119	301	..	...	...	...	77	15	...	4	...	...	...	...	Gross number or proportion.
46'4	36'4	23'8	60'2	9'5	7'0	10'8	5'0	15'4	3'0	...	0'8	912'6	25'0	2'74	8'96	Average number or proportion.
five years 1870 to 1874 inclusive.																
201	259	194	453	139	58	63	41	96	24	...	5	...	...	...	...	Gross number or proportion.
40'2	51'8	38'8	90'6	27'8	11'6	12'6	8'2	19'2	4'8	...	1'0	948'6	36'8	3'88	8'14	Average number or proportion.

* Including 130 patients transferred to Brookwood Asylum.

† Including 257 patients transferred to the Metropolitan District Asylum at Caterham.

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, WANDSWORTH (Continued).

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
	Males.	Femals.	Males.	Femals.		Males.	Femals.	Males.	Femals.		Males.	Femals.	Males.	Femals.		
	I.	II.	III.	IV.		V.	VI.	VII.	VIII.		IX.	X.	XI.	XII.			XIII.	XIV.	XV.	XVI.
1865	57'38	42'62	49'72	50'28	37'4	50'00	50'00	43'75	56'25	...	56'32	43'08	56'18	43'82	56'0	53'85
1866	62'81	37'19	49'53	50'47	40'3	65'85	34'15	40'65	59'35	...	66'15	33'85	56'57	43'43	44'4	65'08
1867	57'97	42'03	49'50	50'50	40'3	50'00	50'00	41'83	58'17	...	51'06	48'94	55'52	44'48	56'0	53'85
1868	47'59	52'41	48'60	51'40	38'2	53'33	46'67	43'75	56'25	...	60'35	39'65	53'97	46'03	50'4	65'22
1869	54'47	45'53	50'20	49'80	38'0	47'06	52'94	43'81	56'19	37'4	65'15	34'85	54'91	45'09	52'0	64'15
1870	43'75	56'25	48'85	51'15	41'6	38'90	41'10	44'51	55'49	39'9	62'16	37'84	55'27	44'73	50'0	85'88
1871	41'07	58'93	50'12	49'88	41'2	41'23	58'77	44'20	55'80	44'8	60'61	39'39	56'13	43'87	52'0	71'70
1872	58'62	41'38	48'20	51'80	40'6	52'53	47'47	43'85	56'15	38'7	58'82	41'18	56'95	43'05	47'0	75'00
1873	34'73	65'27	49'42	50'58	41'0	42'39	57'61	43'49	56'51	38'3	50'00	50'00	56'86	43'14	48'0	69'17
1874	48'82	51'18	50'26	49'74	40'1	47'17	52'83	44'12	55'88	37'1	54'95	45'05	56'31	43'69	51'5	75'00
Gross number or proportion.	48'43	51'57	49'45	50'55	...	49'24	50'76	43'49	56'51	...	58'49	41'51	55'89	44'11	...	...
Average number or proportion.	50'72	49'28	49'44	50'56	39'9	50'85	49'15	43'40	56'60	39'4	58'62	41'38	55'87	44'13	50'7	67'89
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	55'99	44'01	49'51	50'49	...	53'68	46'32	42'81	57'19	...	60'47	39'53	55'40	44'60	...	...
Average number or proportion.	56'04	43'96	49'51	50'49	38'8	53'25	46'75	42'76	57'24	...	59'93	40'07	55'43	44'57	51'8	60'43
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	44'76	55'24	49'41	50'59	...	47'67	52'33	44'03	55'97	...	57'17	42'83	56'30	43'70	...	...
Average number or proportion.	45'40	54'60	49'37	50'63	40'9	48'44	51'56	44'03	55'97	39'8	57'31	42'69	56'30	43'70	49'7	75'35

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, WANDSWORTH (Continued).

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year, in C. & B. asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year, in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.	Proportion per cent. on Average number resident in each year in County and Boro' asylums generally.
I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	XVII.
1865	34'43	33'88	4'05	8'50	4'60	11'03	...	...	14'29	...	53'28	33'70	6'27	8'46	7'12	10'97
1866	33'88	35'71	3'96	8'06	4'52	10'23	...	...	14'63	...	53'72	37'57	6'28	8'48	7'17	10'76
1867	13'53	36'20	2'50	8'38	3'08	10'65	...	...	71'43	...	22'71	36'22	4'19	8'38	5'16	10'66
1868	31'03	36'10	4'27	8'47	4'93	10'76	...	...	22'22	...	40'00	34'07	5'50	7'99	6'36	10'15
1869	27'64	35'72	3'28	8'29	3'74	10'56	24'46	32'14	8'32	38'25	53'66	37'79	6'36	8'77	7'25	11'17
1870	32'59	36'37	6'44	8'54	8'01	10'89	36'68	35'63	21'92	35'19	33'04	36'11	6'53	8'48	8'12	10'82
1871	23'41	33'78	7'92	8'53	12'68	11'29	36'89	34'49	23'68	37'73	20'33	32'06	6'88	8'10	11'01	10'71
1872	42'67	38'35	8'38	8'81	10'38	11'18	40'24	36'59	24'24	33'05	36'64	32'83	7'19	7'54	8'91	9'57
1873	38'49	33'96	7'70	8'02	9'73	10'33	40'53	33'39	21'74	38'68	35'15	35'19	7'03	8'31	8'88	10'70
1874	53'54	37'90	12'90	8'95	16'55	11'46	55'02	37'31	20'75	33'67	37'37	35'32	9'00	8'34	11'55	10'68
Gross number or proportion.	33'09	35'80	23'36	28'30	...	...	...	...	22'70	...	34'32	34'99	24'23	27'66	...	...
Average number or proportion.	33'12	35'80	6'14	8'46	7'82	10'84	38'97	34'93	24'37	36'10	38'59	35'09	6'52	8'29	8'15	10'62
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	26'46	35'53	11'64	22'34	...	...	...	...	23'68	...	41'92	35'86	18'43	22'55	...	...
Average number or proportion.	28'10	35'52	3'61	8'34	4'17	10'65	...	...	26'28	...	44'67	35'87	5'72	8'42	6'61	10'74
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	36'31	36'03	22'48	22'47	...	...	...	...	22'35	...	30'63	34'28	18'96	21'37	...	...
Average number or proportion.	38'14	36'07	8'67	8'57	11'47	11'03	41'87	35'48	22'47	35'66	32'51	34'30	7'33	8'15	9'69	10'50

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi].

From a table in Dr. Thurnam's "Statistics of Insanity," "Shewing the average proportion of recoveries and the mean annual mortality," I take the following:—The returns of the Surrey Asylum were computed for $3\frac{1}{4}$ years, 1841–44. 382 cases remained under treatment January 1st, 1844. The number admitted had been 641; the number recovered, 95; the subjective time or years of residence amounted to 1058; 127 patients had died. From these facts Dr. Thurnam deduced: Proportion of recoveries per cent. of the admissions, 14·82; mean annual mortality per cent. resident, 12·0. The same computation for nine asylums receiving paupers, of which the Surrey was one: Recoveries, 36·95; mortality, 13·88. Wandsworth stood at the bottom of the list, as regards recoveries, on account of its recent opening in a county burdened with incurable cases. For the same reason it stood somewhat higher than some other asylums in the scale in point of death-rate, though below the average.

The following is from the report of the committee for 1875, dated April, 1876:—

Of the 181 cures during the year (1875) the percentage on admissions was 35·84 per cent., and 12·46 on the total number treated.

This latter proportion is very much the same as in the previous year, but the cures compared with admissions were lower this year (1875) than in 1874, when they reached the large percentage of 53·53 (see Lunacy Commission's 29th Report, page 85), a higher proportion than that attained by any other county asylum in England; the average for all the county and borough asylums having been only 37·9.

This lower proportion in the past year has arisen, not from any diminution in the cures, which, on the contrary, were numerically higher, but from the admissions having so largely exceeded those of the previous year, and from more than one-fourth of these having been transfers from licensed houses.

"Transfers from licensed houses" or other asylums, of course, consist for the most part of chronic cases, and it is to the importation of these incurable materials into asylums immediately on their opening, after each increase of the accommodation, and from time to time under pressure of various kinds, the low proportion of cures is mainly due. The committee state the general facts for the two years thus:—

Year.	Cures.	Admissions.	Percentage of Cures.	Total treated.	Percentage of Cures.
1874	159	297	53·53	1233	12·89
1875	181	505	35·84	1453	12·46

The fractional discrepancy between these figures (for 1875) and my own—53·54, 12·90—appears because the committee do not observe the rule of increasing by one the last printed decimal, if the succeeding figure amounts to 5 or more. This is the universal practice in statistics, and has been followed in my tables.

On the subject of asylum provision for Surrey, the committee of Wandsworth, in their report for 1875, say:—

It will be seen with satisfaction that during the past year there has been an actual decrease of the number of lunatics in the county, which is the more gratifying as the rapid increase of late years has led us to expect an average increase of over 150. It is difficult to say what causes may have combined to bring about this unlooked-for result; the chief among them, no doubt, is this, that the opening of the new buildings has put us, for the time, above the demand on our space, and that we have had of late to refuse but few cases.

This power to accept recent cases has enabled us to effect a larger number of cures than in any former year. This larger number of cures, on the other hand, has enabled us to receive more patients than we have hitherto done.

It is not for us to say what effect this diminution in numbers may have upon the question of building a third asylum, but whatever steps may be taken, we hope it will be remembered that there is no surer way of keeping down the numbers, than by taking care that the asylum accommodation shall evidently be somewhat in excess of the demands upon it.

CITY OF LONDON ASYLUM.

THE HOUSE AND ARRANGEMENTS.

THIS asylum, which was opened on the 16th of April, 1866, is an elegant building on an elevated site at Stone, about two miles from Dartford, Kent. It is an edifice which promises well on the exterior, not more than two stories in height, abundantly lighted, and in no respect prison-like or obtrusively eleemosynary in appearance. The surrounding prospect is expansive and pleasing. The airing grounds have, under the counsel of the Commissioners, been rendered particularly attractive by taking down the walls of courts originally appropriated for refractory patients, and practically throwing the whole area into one space, divided only by a low hedge, for the two sexes. This plan has certain great advantages, and under proper management is likely to produce the best results. The male and female patients also dine at the same time at separate tables, in the general and recreation hall, a fine apartment, with admirable acoustic properties. We think this arrangement—always provided the staff of attendants is sufficiently numerous and well organized—eminently humane and salutary.

The building, as a whole, is adapted for its immediate purpose—namely, the reception of a limited number of insane patients, among whom a moderate proportion of acute cases may be properly cared for.* The number should not exceed 300 for the present dimensions of the building, and it is to

* This is clearly not the purpose comprehended in the idea of "a curative establishment;" but the notion of treating insanity as a disease amenable to proper remedies had not, apparently, dawned on the Corporation of the City of London. The asylum was built solely to house pauper lunatics who could no longer be accommodated elsewhere. The duty was discharged unwillingly, after strong official remonstrance and under pressure.

be regretted that the reports speak of 350, while it is apparently in contemplation to extend the building from time to time, so as to render it even more capacious. If this progressive enlargement is forced upon the committee, we venture to suggest the erection of separate blocks at some distance apart on the grounds. It is a pity to spoil an asylum, structurally capable of being adapted for use as an hospital, by awkward additions to its dormitories and day-rooms.

At present the institution may be easily made to satisfy all the actual requirements. Meanwhile a very little more of the "piecing-out" already attempted will convert it into an establishment open to the most serious objections. It exhibits unmistakable tokens of the wrong-headedness which seems to characterize the designers and builders of asylums generally. The staircases are cramped and draughty; the corridors are meagre, and would be oppressive were it not for the large open style of window adopted. It is strange architects and committees cannot be induced to perceive the folly of constructing narrow, cold, corner, stone staircases. Why not connect the levels with open, central, and pleasant flights of wooden stairs? * The result would be an immense gain in comfort and safety, with scarcely any loss of space, if intelligently planned and judiciously placed.

We have said that the asylum is capable of being made all that it need be. But one great reform must be carried out before this can be accomplished—a change in the committee-room—something to dethrone the "spirit of parsimony. The promise of the kitchen, a baronial-looking hall, must be fulfilled in the general arrangements. It appears strange, and probably this is the only institution in respect to which it would be possible, to charge a representative committee of the City of London with cheese-paring. Unfortunately, the evil is evident at every turn in this establishment; and considering

* The practice condemned is, no doubt, to be ascribed to the following suggestions embodied in the rules for asylum construction set out in Appendix E of the "Further" Report of the Commissioners, 1847, pages 324-8: "The staircases should be without winders or long straight flights, and the well should be built up. . . . The staircases throughout the building should be of stone." The combination of these two ideas must produce stairs as uncomfortable as can well be imagined. The experience of nearly thirty years might have been expected to correct this antiquated conception: but "authorities" too commonly work in a groove!

the class of sufferers it is designed to benefit, and the nature of the institution, such a policy shows to the least possible advantage. In a word, it is inexcusable. We write strongly, not on account of the magnitude of the need, but the littleness of the resolve not to supply it, or the hesitation to at once discharge that duty. For example, it will astonish everybody who knows the wisdom, the enterprise, and the liberality of the Civic Corporation, to hear that the asylum has no detached hospital block to be used in case of epidemic disease, or for the separate housing of convalescent patients. Looking to the character of the building, this omission is most extraordinary. We warmly counsel the committee to at once wipe out the reproach.

Again, the clothing of the patients is worn and shabby. Instead of being attired in decent and comfortable garb of varied colour and material, an example of generous kindness to other institutions, we found the lunatics of the City of London—male and female alike—in worse plight as to dress* than those in any other of the asylums we have yet visited. Making the fullest allowance for the destructive propensities of certain cases, this evil is still unaccountable. The gowns of the women and the coats and trousers of the men were torn and dirty looking—we do not say actually "dirty," but dirty looking—to a degree scarcely conceivable, arguing from Guildhall to Dartford, either on the lines of compassion or true economy.

The same parsimony—it is an ugly word, but we know no other that so well conveys our meaning—is apparent in the matters of furnishing and fitting. We regret to differ from the Commissioners entirely as to the adequacy of the provision for washing patients. The basins, towels, brushes, combs, and appliances generally are by no means sufficient in number or in good condition. The sinks in the ward sculleries are old and ill constructed. They cannot possibly be kept clean. The urinal arrangements are in some wards very defective. We should have thought that a cursory glance at the wet flooring in more than one of the scullery and urinal rooms—a most unseemly association of uses—would have

* In their report for 1875, the Commissioners describe the clothing as good in quality.

sufficed to convince the committee that the cheapest plan must be to alter the whole arrangement. We commend the question of washing appliances and conveniences for patients to the attention of the committee, and we think the Commissioners will do good service by looking to these matters more narrowly, here and elsewhere, at their future inspections.

The gas-fittings are of a common class, and, with a few exceptions here and there, of the worst possible construction. Cross-arm pendants should not, we think, be employed in asylums, and projecting bracket-arms are scarcely less objectionable. It will be said no accident has yet occurred. But a suicidal patient may at any moment attempt hanging to the suggestive gallows-tree ; or, what is more probable, an excited or mischievous inmate may pull down one of the tempting cross-arms, and the escape of gas that follows will be productive of much annoyance, if not danger. The floor covering—where there is any—is of poor quality and in bad condition. Other matters of detail require such attention as a committee of the greatest and most liberal of Corporations ought undoubtedly to bestow on an institution worthy of its warmest sympathies.

There is too much outside show at Stone. The internal arrangements should be worked up to the level of the pleasing windows, with the beautifully white blinds, so home-like and attractive. It would also be well if more money were expended upon the farm and agricultural buildings. The place generally is bare, considering its character and guardianship. In one particular the committee have shown prudence. Whereas many other asylums live from hand to mouth, dependent upon a single engine for all their work, the City of London has a second in reserve, so that in the event of a break-down the institution would neither be deprived of its water supply, nor in sanitary respects come to a dead-lock.

The arrangements for the care of patients appear to be good. The medical superintendent is supreme, which we hold to be a point of initial and crowning importance. The attendants number in the proportion of about one to ten patients, and they seem careful of their principal duties. Many of the dormitories are provided with beds of particularly good construction, the mattress or palliasse being replaced by an

endless band of broad webbing, stretched, with a slight declination towards the feet, on two rollers in such a way that it can be readily tightened. This method of fitting makes the iron bedstead as comfortable as one of wood, and deserves attention. The wards are rendered cheerful by a tolerably large supply of pictures and appliances for amusement, and aviaries.

The patients appear contented. So far as the *régime* may be inferred from appearances, it is mild and considerate. We are inclined to regard this point with the more jealousy because the dimensions of this asylum clearly make it possible to treat the cases directly and personally; and if our theory of mental treatment be well grounded, the proportion of cures—on curable cases, be it remembered, for no excellence of management can produce recoveries from the incurable*—should ultimately be large. The diet-list is liberal as asylum allowances go. There are associated amusements for the patients. The working parties are not so large as they might be, but this may be due to a certain lack of energy we fancied discernible in the manner of the attendants generally. Attendants should never drive, but lure patients to busy themselves, by example and working with them, not standing by as task-masters. The inmates evidently enjoy the grounds, and walks are taken under proper guardianship in the neighbourhood.

The charge is somewhat higher at this asylum than elsewhere, but we trust the committee will not be so ill advised as to seek to cut it down prematurely. They must for the present spend money, not spare it. At the close of 1874 the rate of maintenance per head was 14s. The ventilation and warming of the building are well cared for; and the provisions against

* In a report of the Devon County Asylum, cited by the Commissioners in 1847, Dr. Bucknill observes:—"In estimating the results of treatment in an asylum, as indicated by the number of recoveries, many circumstances require to be taken into consideration, which figures alone very inadequately represent. In order to approximate to the truth, it is necessary to exclude from the numbers on which the results are calculated all cases of an incurable nature, namely, all cases of epilepsy, paralysis, idiocy, and marked dementia. From the remaining classes of mania, acute and chronic, monomania, and melancholia, a great number of cases may be indicated, in which, on account of the long duration of the malady, recovery is highly improbable, but not impossible."—*Further Report*, 1847, page 121. I doubt whether any arbitrary classification of the kind is practicable, but this passage fairly well indicates how the distinction is drawn. All cases should be treated *individually* until they prove themselves incurable.

fire, so far as such arrangements at an institution of the class can be relied upon, appear to be ample and organized. There is a small burying-ground attached to the asylum, but we were sorry to notice that the record on the head-crosses is made by number instead of name. There are two sides to the question, but it seems a pity to adopt a prison-like practice.

TREATMENT.

The system of treatment adopted at this asylum cannot claim the excuse of numbers for any lack of scientific efficiency. It should be particular and individual. The medical superintendent exercises a wise discretion in keeping precise records of his practice, and the progress of each patient, with his own hand, until a period has elapsed which may suffice to prove the case chronic, unless cured. This is judicious, and will tell well on the result. The City of London Asylum ought, looking to its size, to be second to none in point of curative work and character. Dr. Jepson has had some striking instances of the success with which personal influences, purely moral, essentially kind, and involving neither mechanical nor manual restraint, have triumphed over violent excitement. It is only in a small asylum that this potent remedy, the sane will working quietly, patiently, and directly, can be brought to bear on individual cases in a manner satisfactory to the psychologist.

Nevertheless, "seclusion" is in use, as the following table will show, but chiefly for epileptic excitement :—

Year.			Cases.			Instances.
1866	...	...	16	...	...	41
1867	...	...	34	...	...	67
1868	...	...	22	...	...	57
1869	...	...	14	...	...	21
1870	...	...	14	...	...	24
1871	...	...	8	...	...	12
1872	...	...	4	...	...	4
1873	...	...	3	...	...	3
1874	...	...	2	...	...	2
			<hr/>		<hr/>	
			117		231	

The bodily health of patients receives due attention. We trust the mental condition of each inmate and the specific treatment desirable to cure the disease, or to ameliorate its distressing symptoms, are also primary objects of concern. We repeat, the work done at the City of London Asylum should be conspicuous for its scientific quality and its remedial results. The institution offers a field of rare value for clinical study, research, and curative practice. We are glad to find that, as might be expected, restraint is almost unknown.

There is not a great deal to add to the information contained in the report. The asylum was much needed, and it is unaccountable that it was not built many years earlier, instead of lunatic paupers belonging to unions within the City of London being placed in other institutions and licensed houses. The original construction was for 250 patients, and after the reception of 153 patients—60 males and 93 females—the committee, finding room on their hands, entered into a contract with the committee of the Kent County Asylum to accommodate 40 of their pauper lunatics. This limit was subsequently extended.

The report for 1867 contained the following notice :—

In consequence of the Metropolitan Poor Act, 1867 (30 Vic., c. 6), enacting that the expenses of the maintenance of lunatics in asylums, registered hospitals, and licensed houses in the metropolis, except such as are chargeable on the county rate, shall be chargeable upon the Metropolitan Common Poor Fund, instead of upon the several unions as heretofore, notice has been received from the board of guardians of two of the City unions, intimating their intention of sending a large number of patients, now maintained in the workhouses of their several unions, to the asylum. In the event of that being carried out, it is feared that the existing accommodation will be found insufficient, and that it will be absolutely necessary to enlarge the building.

In his report for 1868, Dr. Jepson, the medical superintendent observes :—

The crowded state of the asylum has given rise to considerable inconvenience for some time past, admissions having frequently been refused, through want of room, to patients chargeable to unions within the City, the authorities of which have been compelled to seek accommodation for their lunatics elsewhere. Nearly if not all the licensed houses around London, where pauper patients are received, are also full; and in consequence several instances have occurred where patients were compulsorily detained in the workhouse, when the urgency of their cases demanded the immediate treatment and discipline of an asylum. The whole of the females chargeable to the county of Kent have been removed; and, as in that division of the asylum but five beds are now unoccupied, it is obvious that ere long steps must be taken to provide accommodation for the continued influx from the unions. On the male side, however, the same pressure does not at present exist, though this division is now quite full. Twelve beds are occupied by Kent

patients, and four by patients chargeable to unions in other counties, the removal of the whole of whom, in the former instance, at the expiration of the contract under which they were received, and in the latter by an order of removal signed by two of the visiting justices, will leave accommodation for sixteen additional patients, and for a time obviate the necessity for increasing the habitable space. This relief, however, can only be considered as palliative; for though the admissions are gradual they steadily increase, and, with regret it is observed, most of the cases exhibit symptoms of incurable insanity, which long residence in the imbecile wards of a workhouse has tended to confirm.

The opening of the metropolitan asylums at Leavesden and Caterham, in 1870, to some extent relieved the pressure on the City of London Asylum, as it reduced the demand for accommodation elsewhere; but the relief thus afforded was only temporary. The pressure for room falling chiefly on the female side of the house, an expedient was adopted in 1871, which is thus described by Dr. Jepson in his report dated January 1, 1872:—

In consequence of the urgent demand for accommodation for female patients, and a corresponding decrease in that for males, one ward in the division of the latter was separated from the others by a substantial screen, converted into a sewing room, and occupied by female patients of the most orderly and industrious class. By this conversion 22 additional beds have been added to the side devoted to the females, and no inconvenience has as yet been felt through pressure in the male division, in which, however, there are at present but two vacancies.

In 1873 the demand again became irresistible, and after some discussion it was resolved "to build a new infirmary at the western extremity of the female wing, and to enlarge the present one, rendering it suitable for the classifying together of the whole of the female epileptics. These additions," continues the medical superintendent, "will increase the accommodation by 70 beds, and will allow of the ward in the male division, now filled by 22 females, being restored to its legitimate occupancy." The cost of the new buildings was estimated at £9000. The work was carried out in 1874. The additional structure is two stories in height, and occupies 4700 superficial feet. The opportunity was very properly embraced to effect some improvements in the old building, such as lowering the windows in the workshops, the removal of a needless division between the principal airing courts for the two sexes, and other small matters, enhancing the comfort of the establishment. The asylum has now, practically, accommodation for 350 patients instead of 250, the number for which provision was originally made.

The chief point of interest in connection with the management of the establishment has been a modification of the too-rigid system of classing instituted at the outset. The refractory and dirty patients, being kept strictly apart, did not derive so much benefit from asylum discipline as when, on the recommendation of the Commissioners, they came to be brought under the influence of closer association with the more orderly inmates. There has been scarcely any use of restraint in the asylum. Strong dresses have been perhaps too freely employed, but that may in

some measure have been due to a defect in the general policy of clothing. An opinion is expressed in *The Lancet* report, to the effect that the inmates generally are not well clothed, and to that I feel compelled to adhere.

It is strange, looking to the general character of this institution, that the charge should be so high as 14s. per head weekly. The question of proportionate cost in working a small asylum as compared with that of conducting similar institutions on a larger scale needs to be carefully investigated.

RESULTS.

The "curable" cases have borne the gross proportion per cent. of 21·37 to the total of admissions. This is the smallest we have found, and may have something to do with the circumstance that the average annual proportion per cent. of "cures" upon "curable cases" has been only 39·39, reckoning the whole period since the opening, or 39·92 on the five years 1870-74 alone. On the total of "admissions," the "recoveries" amount to 17·74 per cent. : the average annual proportion per cent. has been 27·41. General paralysis accounts for 46 out of 148 deaths, or 31·08 per cent. The percentage of deaths upon total admissions has been 19·89.

STATISTICAL TABLES.

The information embodied in the following pages has been obtained from the Commissioners' and the asylum reports. A point of some uncertainty in dealing with the gross and average proportions of the earliest period of these institutions is the question whether, in dividing to find the proportion for a series of years, the first year should be reckoned as *one*, three-quarters, half, or a third. It must be remembered that a new asylum is at first filled with cases taken from other establishments, where they have been already under treatment. It seems unfair to credit the institution just opened with a number of cures or deaths occurring in cases for which it is only partly responsible, some months of the year having been spent under treatment elsewhere. I have generally reckoned the first year as a full period, roughly assuming the surplus time as a set-off against the irregularity of the numbers. Perhaps it would have been better to throw the first year out of count altogether. Those who think so can easily make the correction. At page 261 a footnote will explain that the rates of 1866 have been thrown out in calculating the average proportions for the City of London. This was done, however, because they are so exceptional that the result would have been disturbed by including them.

The explanatory remarks on the several columns will be found appended to the tables of Brookwood Asylum, pages 70-74, and need not be repeated.

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, CITY OF LONDON.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES									
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE ASYLUM.						
	Males.	Femls.	Total.	Deemed curable on admission.	Transferred from other asylums.	Re-lapsed cases re-admitted.				Males.	Femls.	Total.	Six months or less.	Between six and twelve months.	Between one and two years.	Between two and three years.			
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.			
1865	(a)	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	112	108	220	29	193	—	220	159	...	I	I	2	2	—	—	—			
1867	50	64	114	27	...	2	326	253	124	10	15	25	11	9	5	—			
1868	61	46	107	13	...	6	377	271	107	5	9	14	6	4	2	2			
1869	26	25	51	11	4	5	322	271	...	8	6	14	4	8	1	1			
1870	24	27	51	23	8	4	317	266	197	5	10	15	5	6	4	—			
1871	33	49	82	9	39	9	347	270	200	10	12	22	8	7	5	1			
1872	21	23	44	20	7	5	319	284	182	8	8	16	6	6	2	1			
1873	17	21	38	—	4	1	322	285	171	3	6	9	1	4	1	2			
1874	15	22	37	27	...	3	323	287	188	7	8	15	4	5	3	—			
Gross number or proportion.	359	385	744	159	...	35	744	...	...	57	75	132	47	49	23	7	
Average number or proportion.	39'9	42'8	82'7	17'7	...	3'9	319'2	260'7	167'0	6'3	8'3	14'7	5'2	5'4	2'6	0'8			
Abstract of the above particulars for the																			
Gross number or proportion.	249	243	492	80	...	13	492	...	...	24	31	55	23	21	8	3	
Average number or proportion.	62'3	60'7	123'0	20'0	...	3'3	311'3	238'5	115'5	6'0	7'8	13'8	5'8	5'3	2'0	0'8			
Abstract of the above particulars for the																			
Gross number or proportion.	110	142	252	79	58	22	518	...	...	33	44	77	24	28	15	4	
Average number or proportion.	22'0	28'4	50'4	15'8	11'6	4'4	325'6	278'4	187'6	6'6	8'8	15'4	4'8	5'6	3'0	0'8			

(a) This asylum was opened 16th April, 1866.

STATISTICS OF ASYLUM POPULATION, CITY OF LONDON.

DISCHARGED.												CASES REMAINING ON DECEMBER 31ST.				Year.
DIS- CHARGED OR RE- MOVED.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE ASYLUM.				ASSIGNED CAUSE.				Total num- ber.	Deemed curable.	Propor- tion per cent. of cases Deemed curable on Total number remain- ing.	Proportion per cent. of cases Deemed curable in C. & B. asylums generally.	
	Re- lieved or Not im- proved.	Male.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	Be- tween two and three years.	General Para- lysis.	Epi- lepsy.	Pul- monary Phthi- sis.						Suicide or Acci- dent.
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1865
3	2	1	3	3	—	—	—	—	—	—	—	212	27	12'74	9'37	1866
9	15	7	22	8	4	10	—	9	1	2	1	270	29	10'74	8'66	1867
76	7	9	16	6	—	5	5	4	—	3	—	271	28	10'33	9'23	1868
19	18	5	23	7	4	5	1	7	—	1	1	266	25	9'40	7'68	1869
18	11	8	19	3	—	6	6	8	—	3	—	265	33	12'45	8'90	1870
28.	10	11	21	5	5	3	3	8	—	2	—	275	20	7'27	8'89	1871
6	6	7	13	2	3	3	—	1	4	—	3	284	24	8'45	8'13	1872
10	9	8	17	5	2	2	1	4	1	2	—	286	12	4'20	7'31	1873
8	4	10	14	3	—	3	4	5	—	2	—	286	24	8'39	7'47	1874
177	82	66	148	42	18	37	20	46	6	15	5	...	...	...	...	{ Gross number or pro- portion.
19'7	9'1	7'3	16'4	4'7	2'0	4'1	2'2	5'1	0'7	1'7	0'6	268'3	24'7	9'33	8'40	{ Average number or pro- portion.

four years 1866 to 1869 inclusive.

107	42	22	64	24	8	20	6	20	1	6	2	...	...	...	...	{ Gross number or proportion.
26'8	10'5	5'5	16'0	6'0	2'0	5'0	1'5	5'0	0'3	1'5	0'5	254'8	27'3	10'80	8'74	{ Average number or proportion.

five years 1870 to 1874 inclusive.

70	40	44	84	18	10	17	14	26	5	9	3	...	...	...	...	{ Gross number or proportion.
14'0	8'0	8'8	16'8	3'6	2'0	3'4	2'8	5'2	1'0	1'8	0'6	279'2	22'6	8'15	8'14	{ Average number or proportion.

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, CITY OF LONDON.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			Proportion per cent. of the Sexes in this asylum.		Proportion per cent. of the Sexes in County & Boro' asylums generally.			
Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.			
1865	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1865	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	50'91	49'09	49'53	50'47	42'5	50'00	50'00	40'65	59'35	...	66'67	33'33	56'57	43'43	...	6'90
1867	43'86	56'14	49'50	50'50	40'0	40'00	60'00	41'33	58'17	36'4	68'18	31'82	55'52	44'48	50'0	46'30
1868	57'01	42'99	48'60	51'40	41'3	35'71	64'29	43'75	56'25	36'4	43'75	56'25	53'97	46'03	55'7	33'33
1869	50'98	49'02	50'20	49'80	38'1	57'14	42'86	43'81	56'19	33'8	78'26	21'74	54'91	45'09	48'0	35'90
1870	47'06	52'94	48'85	51'15	45'4	33'33	66'67	44'51	55'49	37'3	57'89	42'11	55'27	44'73	45'8	31'25
1871	40'24	59'76	50'12	49'88	39'0	45'45	54'55	44'20	55'80	31'6	47'62	52'38	56'13	43'87	50'0	52'38
1872	47'73	52'27	48'20	51'80	40'3	50'00	50'00	43'85	56'15	35'0	46'15	53'85	56'95	43'05	35'0	40'00
1873	44'74	55'26	49'42	50'58	38'7	33'33	66'67	43'49	56'51	36'7	52'94	47'06	56'86	43'14	51'9	37'50
1874	40'54	59'46	50'26	49'74	41'6	46'67	53'33	44'12	55'88	37'9	28'57	71'43	56'31	43'69	43'3	38'46
Gross number or proportion.	48'25	51'75	49'43	50'57	...	43'18	56'82	43'46	56'54	...	55'41	44'59	55'86	44'14	...	...
Average number or proportion.	47'01	52'99	49'41	50'59	40'8	43'51	56'49	43'36	56'64	35'6	54'45	45'55	55'83	44'17	47'5	39'39
Abstract of the above particulars for the four years 1866 to 1869 inclusive.																
Gross number or proportion.	50'61	49'39	49'46	50'54	...	43'64	56'36	42'59	57'41	...	65'63	34'37	55'22	44'78	...	...
Average number or proportion.	50'69	49'31	49'46	50'54	40'5	45'71	54'29	42'51	57'49	35'5	64'22	35'78	55'24	44'76	51'2	38'51
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	43'65	56'35	49'41	50'59	...	42'86	57'14	44'03	55'97	...	47'62	52'38	56'30	43'70	...	...
Average number or proportion.	44'06	55'94	49'37	50'63	41'0	41'76	58'24	44'03	55'97	35'7	46'63	53'37	56'30	43'70	45'2	39'92

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*], placed here because superseded.

COMPARATIVE TABLE OF RESULTS, CITY OF LONDON.

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number resident in each year.	Proportion per cent. on Average number in each year.	Proportion per cent. on Average number in each year in County and Boro' asylums generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in C. & B. asylums generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in C. & B. asylums generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in County and Boro' asylums generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number in County and Boro' asylums generally.	Proportion per cent. on Average number in each year.	Proportion per cent. on Average number in each year in County and Boro' asylums generally.
1865	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	0'91	35'71	0'91	8'06	1'26	10'23	...	...	...	...	1'36	37'57	1'36	8'48	1'89	10'76
1867	21'93	36'20	7'67	8'38	9'88	10'65	...	...	8'00	...	19'30	36'22	6'75	8'38	8'70	10'66
1868	13'08	36'10	3'71	8'47	5'17	10'76	...	...	42'86	...	14'95	34'07	4'24	7'99	5'90	10'15
1869	27'45	35'72	4'35	8'29	5'17	10'56	20'00	32'14	35'71	38'25	45'10	37'79	7'14	8'77	8'49	11'17
1870	29'41	36'37	4'73	8'54	5'64	10'89	23'44	35'63	26'67	35'19	37'25	36'11	5'99	8'48	7'14	10'82
1871	26'83	33'78	6'34	8'53	8'15	11'29	32'84	34'49	40'91	37'73	25'61	32'06	6'05	8'10	7'78	10'71
1872	36'36	38'35	5'02	8'81	5'63	11'18	30'77	36'59	31'25	33'05	29'55	32'83	4'08	7'54	4'58	9'57
1873	23'68	33'96	2'80	8'02	3'16	10'33	15'79	33'39	11'11	38'68	44'74	35'19	5'28	8'31	5'96	10'70
1874	40'54	37'90	4'64	8'95	5'23	11'46	32'61	37'31	20'00	33'67	37'84	35'32	4'33	8'34	4'88	10'68
Gross number or proportion.	17'74	35'99	17'74	27'50	...	...	...	...	26'52	...	19'89	35'11	19'89	26'83	...	...
Average number or proportion.	27'41	36'01	4'91	8'45	6'00	10'82	25'91	34'93	27'06	36'10	31'79	35'24	5'48	8'27	6'68	10'58
<i>Abstract of the above particulars for the four years 1866 to 1869 inclusive.</i>																
Gross number or proportion.	11'18	35'93	11'18	20'18	...	...	...	...	23'64	...	13'01	36'39	13'01	20'43	...	...
Average number or proportion.	20'82	35'93	5'24	8'30	6'74	10'55	...	...	28'86	...	26'45	36'41	6'04	8'41	7'70	10'67
<i>Abstract of the above particulars for the five years 1870 to 1874 inclusive.</i>																
Gross number or proportion.	30'96	36'03	14'86	22'47	...	...	...	...	28'57	...	33'33	34'28	16'22	21'37	...	...
Average number or proportion.	31'36	36'07	4'71	8'57	5'56	11'03	27'09	35'48	25'99	35'66	35'00	34'30	5'15	8'15	6'07	10'50

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

On this page the rates of 1866 have been thrown out in calculating the "average" numbers and proportions.

The general deductions to be drawn from these and the Brookwood tables are qualified by the consideration, set out in the notes on pages 70-74 and 142-144, that asylum rates do not find their normal level until some fifteen or twenty years after the date of opening. The City of London Asylum is, moreover, exceptionally conditioned by the circumstance that its construction was long and strangely delayed, the patients chargeable to the city parishes being meanwhile lodged in licensed houses and other asylums. The effect of this arrangement was to constitute the bulk of cases transferred to Stone anomalous as a class. For example, 12·74 per cent. of those in the asylum at the close of 1866 were "deemed curable," and the years 1867 and 1868 left respectively 10·74 and 10·33 per cent. thus described. This gives an average annual percentage in the eight years 1867 to 1874, inclusive, of 9·33 per cent. The same percentage for the ten years 1865 to 1874 at Colney Hatch was 4·71; at Hanwell, 4·65; Wandsworth, 3·31. It will be evident at a glance that either there must be great difference of opinion between the medical superintendents of these asylums as to the class of cases which ought to be "deemed curable," or the cases themselves must have differed widely. I suspect the special circumstances of the City of London Asylum will go far to account for the apparent discrepancy.

Something, no doubt, is due to the fact that, in a small asylum like that at Stone, a medical superintendent has clearly the power of dealing with his patients at closer quarters, both for diagnosis and treatment, than in an establishment even as large as Brookwood. The proportion of cases "deemed curable" is likely on this ground to be larger in the lesser asylum. The more carefully and minutely insanity is investigated the greater will appear the probabilities of cure. If patients are sent to an asylum immediately after the attack of disease, and there is no organic malady, the chances of recovery will be very considerable. A physician so placed that he can take the individual circumstances into account and treat his patients personally, will therefore return a relatively large proportion of cases "deemed curable"—as was the case at the City of London during the first half of the period comprised in the tables (see column xxxi., page 259)—and by that means reduce his proportion per cent. of cures upon curable cases. Whichever hypothesis may be adopted, the small proportion of cures upon curable cases (page 260, column xvi.), at first 38·51 per cent., rising to 39·92 in the second quinquennial period, and counting 39·39 on the whole period from the opening of the asylum to the end of 1874, is accounted for, and need excite no surprise. Meanwhile the apparent difference between this and other asylums seems to me sufficient to vitiate the calculation I proposed to carry out when arranging the scheme of the inquiry; and that consideration, with the failure to obtain direct returns of the prognosis formed on admission, induced me to abandon the computation, and exclude the column in which the figures were given from the "Comparative Table of Results."

METROPOLITAN DISTRICT ASYLUMS: LEAVESDEN, CATERHAM, AND HAMPSTEAD.

THESE are not "asylums" in the legal sense of the term; they are "workhouses within the meaning of the Act," and under the jurisdiction of the Local Government Board. They have been professedly provided for the reception of cases deemed chronic and incurable.* It would, therefore, be improper to class them among institutions intended to act as curative agents in the treatment of insanity. Our interest

* The intention of the Government in framing the "Metropolitan Poor Act" of 1867, under which these "district asylums" were subsequently built, was clearly expressed in the speech of Mr. Gathorne Hardy, February 8, 1867:—"My main object is to classify the different inmates of workhouses, and I hope to do that, in the first instance, by building such an establishment or establishments as will be necessary for 2000 lunatics and imbeciles." He quoted from the supplement to the report of the Commission (1859), among other passages, the following: "These auxiliary asylums, which should be under the management of the present visiting justices, would be intermediate between union workhouses and the principal curative asylums." Mr. Hardy further cited the opinion of one of the Commissioners, "that it not unfrequently happens that persons who might be easily cured if put at once under medical treatment, are, after a few days in a workhouse, rendered absolutely incurable." It was to prevent this practice the bill was brought in. "I am sure," continued the President of the Poor Law Board, "that an evil of the kind to which I now refer is one to which this House will, if it be possible, apply a remedy. How the remedy suggested was expected to work was explained later in the speech in these terms: "I have already said that, having regard to the statement of the Lunacy Commissioners, the lunatics for whom the bill proposes to provide cannot be looked on as the ordinary class of lunatics, who have some chance of being cured. *Those who have a chance of cure will go to the ordinary asylums; and where the cases are chronic, some patients might be transferrd from thence to the new buildings, instead of being kept where they would only be in the way of inmates more needing special care.*"—Hansard.

in such establishments ought to be humanitarian, rather than professional. The conditions do not, however, admit of their being regarded wholly in that light. They occupy a position intermediate between the workhouse and the asylum, and to some extent combine the evils and defects of both.

There is a wide-spread feeling that workhouses are not suitable places of residence for the imbecile, the idiotic, and the incurably insane. There are doubtless ample grounds for this impression. The care and discipline required for these cases call for special appliances, and methods of supervision, training, and treatment, which cannot be provided in a general workhouse. Nor is it desirable—in an economic and prudential sense—that an abode for able-bodied paupers should be made the focus of such sympathy and solicitude as must needs be expended upon a refuge for the hapless victims of mental defect, decay, or disease. It would be advantageous, if it were practicable, to eliminate even the sick poor and the infirm from the ordinary class of paupers, and to treat their maladies and minister to their infirmities apart from the herd of idle dependants, the parasites of society, for whom there must always be tolerance rather than commiseration. Nevertheless, if asylums for the incurably insane are to be made depositories for the troublesome old people who throng the “infirm wards” of poor-houses, we fear there will be reason to regret their existence.

It is not a question whether the infirm will be better cared for in establishments like those at Leavesden, Caterham, and Hampstead, but if it is right to allow people who are not insane to be described as such, even for the sake of placing them in better quarters. It is impossible not to recognize the presence of a considerable number of “patients” in these asylums who are not lunatic. They may be weak, dirty, troublesome, but they are certainly no more affected with mental disease than persons whose powers of mind have always been small, or are almost spent, can be said to be the subjects of morbid processes.*

* “There is, also, a considerable class of aged persons suffering, so far as we could judge, from mere loss of memory and the dementia consequent upon old age, who, there is no doubt, might be properly taken care of in the infirmary wards of any well-managed workhouse. The question arises, how far it is right to

The existing arrangement is no doubt convenient. It enables boards of guardians to weed the wards of their workhouses of cases which require expensive nursing. By calling the aged and peevish paupers of both sexes insane, and removing them to an institution where the requisite care-taking can be done in the lump, they save expense, and, if the transfer be accomplished cleverly, they may also take some credit for humanity. Moreover, by drafting idiots to an asylum for imbeciles, the cost of their education at suitable training establishments may be avoided. These are possibilities not to be despised from the guardians' point of view, but we venture to think they call for the jealous watchfulness of public opinion.

We will not attempt to disguise the anxiety which our inquiry into the condition and working of these metropolitan district asylums has awakened. It would be difficult to conceive of a system affording greater facilities for the wrongful treatment of troublesome paupers than that which permits their removal to institutions of this character under mere formal certificates, partly puerile and partly fallacious. We hold it to be an axiom of justice and real economy that every sick or unsound person dependent upon the bounty of the State should be regarded as a ward to whom the administrative authority owes the judicious use of all legitimate expedients which can be reasonably expected to relieve and, if possible, restore. Except in the lowest forms of idiocy, training may benefit. It should not be permitted to any board of guardians to evade the expense of such training by placing idiots in an asylum for imbeciles. The like obligation requires that no infirm person of weak intellect should be put away in one of these heterogeneous crowds even on pretence of humanity, unless incurably insane or really demented.

detain such persons, at a distance from their friends and relatives, in a building which, for all practical purposes, is an asylum for lunatics and idiots only. . . ."

"Having regard to the large number of deaths attributed to paralysis and senile decay, and the number of persons at present in the asylum, either labouring under feebleness of mind or body arising only from old age, or whose impairment of mind is only connected with partial paralysis, we cannot but think that many might have been kept in the infirmaries of the metropolitan workhouses, some of which are now furnished with an efficient staff of nurses, and with proper accommodation for such cases."—*Report of Commissioners in Lunacy for 1875*, App. M, pp. 335, 338.

We are aware that persons who should be better informed entertain, and even do not hesitate to express, a strong opinion that insanity is generally incurable. Unfortunately, some who cherish a belief so paralyzing occupy positions in which they are enabled to cast a baneful influence over the effort to carry out a system more enlightened. Notwithstanding the pertinacity with which a few of these obstructives hug their gloomy persuasion, and the extended experience they plead in support of their enervating opinions, we have no hesitation in asserting that a classification which proceeds on the assumption that cases of any particular class stand certainly beyond the pale of hope is wholly and disastrously indefensible. It does every now and again happen that the supposed victims of incurable mental disease recover! Perhaps this miraculous restoration of "incurable" lunatics to society would occur more frequently if the endeavour to bring about their recovery were not so readily abandoned. Possibly recoveries of the class might be recognized as numerous if they were more carefully looked for.

If institutions where paupers can be maintained at something like one shilling, or one shilling and a penny, a day, are placed at the disposal of local boards, they will always afford an easy way of getting rid of embarrassing or burdensome cases. It may be contended that, as the State allows a grant in aid for each inmate of a regular asylum for lunatics of four shillings per head, it would be cheaper to send doubtful cases to a curative establishment where the cost of maintenance will average about ten shillings and sixpence a week less the four shillings, as contrasted with seven shillings or seven shillings and sixpence without any such allowance. This is no doubt true so far as the comparative cheapness of sending a patient to a "lunatic asylum" or a "district workhouse asylum" is concerned. But this is not the comparison to which we are pointing.

In every district there are troublesome poor persons perfectly well known to relieving officers and boards of guardians; and unpleasantly experienced paupers haunt the board-rooms of metropolitan parishes. Some of these are heads of families. It must be convenient to put away such objectionable, and no doubt impracticable, people in asylums

like those at Leavesden, Caterham, and Hampstead. Habits of drunkenness, eccentricity, fits of ill temper, or any one of a score of excesses, will furnish ground for this facile method of disposing of any male or female adult, while the obligation to support his or her family may be avoided. We think it would be quite possible to find a percentage of cases at the metropolitan asylums falling under the class indicated, as regards their nature, if not the motive of their confinement, and we venture to suggest that the matter is one for inquiry.

We do not propose to describe the workhouse asylums as we have described the lunatic asylums properly so called. It would be impossible to speak of "treatment," or compile statistics of "results." It must suffice to state generally the impressions received on visiting these institutions and examining their arrangements with the necessary minuteness. The buildings at Leavesden and Caterham are well adapted to their purpose. That at Hampstead is a temporary erection—a series of corrugated-iron huts provided for use in an epidemic of relapsing fever. It was not without effect that Dr. Lockhart Robertson argued, before the Medico-Psychological Association—at the inaugural meeting held at Edinburgh in 1866—for the application of the pavilion system to public asylums for the insane. Leavesden and Caterham were built on the plan recommended, and it is one which, except that it may be somewhat unnecessarily scattered, well realizes the general scheme proposed by Dr. Robertson, and afterwards published in vol. xii. of the *Journal of Mental Science*.

The capacities of the two asylums as regards air space and superficial area are ample, assuming that a tendency to overcrowd the wards—particularly noticeable at Caterham—will be checked before it becomes serious. The general arrangements are satisfactory. Here and there the Poor-law instinct of cheese-paring makes itself apparent in the matter of clothing, and to some extent in regard to dietary. The effort to save expenditure is unmistakably obvious. But, looking at the establishments as a whole, there is not much to criticise. We think the committees of Leavesden and Caterham deserve credit for economizing the ratepayers' money—by securing the largest return for their expenditure, no less than by avoiding unnecessary outlay.

Leavesden, the older institution, was opened in 1870, and is perhaps the better provided of the two. It affords shelter to 1804 inmates; Caterham accommodates 1868. The attendance is fair, but the staff would be deficient in strength, even on the assumption that chronic and quiet cases do not require close supervision, if the proportion of docile—perhaps it would be better to say *sane*—inmates was not considerable. As a matter of fact, the domestic business of these establishments might possibly be carried on with even less paid assistance were it not desirable to make a show of strength and vigilance.

The present proportion of attendants—one to thirty or forty patients—is either too small or too large. If the patients are what they are said to be, the staff at both establishments ought to be increased; if they are what they seem, a few pounds might be saved by reducing the corps of observation and superintendence. If any such saving is effected, it might be desirable to spend the money in towels and tablecloths, which are none of the best in quality, and, apparently, deficient in quantity. The use of seclusion in these institutions appears unaccountable. The only violent cases are, or ought to be, those liable to periodic or occasional outbreaks, and surely these might be provided for by a judicious distribution of attendants. The use of padded rooms is, of course, almost entirely restricted to the safe bedding of epileptics and infirm patients, who fall about and, without some protection, must injure themselves.*

The medical treatment is almost wholly general and physi-

* Perhaps it would have been better to say that the use of padded rooms should, in an institution of this character, be thus restricted, for the presence of cases requiring restraint is an anomaly. I am glad to find the evil is beginning to be recognized, and I hope it may be remedied.

“Although a large proportion of the cases in the district asylum are idiots, or imbeciles of a harmless, chronic character (many so little affected in mind that they certainly could not be certified), others are epileptic, and liable to more or less excitement; and a considerable number of lunatics, labouring under a variety of marked delusions, have been removed from the county asylums and licensed houses, where they were under the protection of the lunacy laws, to the district asylums, where no statutory orders and certificates are required, and where the legal power of detention is not free from doubt. Many of these cases were remarked upon at the last visit to the Leavesden Asylum, as not being of the description for which the district asylums were designed, viz., harmless persons of the chronic or imbecile class, who could be lawfully detained in a workhouse; and from time to time it is found necessary to remove suicidal or maniacal cases back to the county asylums. The

cal. It can scarcely be anything else in institutions devoted to inmates of the class with which these workhouse asylums are crowded. The furniture of the two houses is good, and laudable efforts have been made to give an air of comfort to the dormitories and day-rooms, the area and proportion of which leave little to be desired. The airing courts are somewhat bare, but the asylums are so well situated that outlook and surroundings are equally satisfactory. The sanitary provisions seem equal to the requirements. The system of earth closets must be regarded as a failure, and ought to be abandoned. The water supply being in each case abundant, no difficulty would attend the adoption of a cleaner and less

arrangements and organization of the district asylums correspond, however, in many respects so closely to those in lunatic asylums, properly so called, that advantage has no doubt been taken to remove to them patients who would have been considered quite unfit for workhouse wards, and *thus the district asylums have gone far beyond the object for which they were originally designed, viz., the reception therein of the chronic harmless cases scattered through the metropolitan workhouses, and have, to a great extent, been used as auxiliaries to the county asylums.* In these circumstances it becomes a grave question how far these asylums ought legally to continue to be looked upon as workhouses; and, having regard to the liberty of the subject, how far the patients should be received and detained therein without the usual statutory orders and certificates."—*Report of Commissioners in Lunacy for 1875*, pp. 72-3.

The Commissioners foresaw that these houses would not be wholly appropriated to the relief of the workhouses. In their report for the year 1867 (dated 31st March, 1868) they say: "Under the Metropolitan Poor Act of last session, the managers of the district asylums to be provided for the insane purchased land and adopted plans which, we are informed, are to be speedily carried out for the construction of two asylums, each for 1500 chronic and harmless patients, to be transferred from the London workhouses, and it is expected by the visitors that some relief will also be given at Colney Hatch and Hamwell by the removal thence of a certain number of patients of this class," etc. The protest entered by the Commissioners against this misuse of the new houses was ineffectual.

The present doubt is whether these "district asylums" ought to be considered as "chronic houses" attached to the county asylum, or houses-of-ease to the workhouse. That essential question should be settled. It is shown by experience that they cannot be left for use in the two senses indifferently. The Commissioners hoped to guard against the danger they foresaw by recommending a modification in the form of the certificate under which patients were sent to the "intermediate asylums." They were to be described as "chronic and harmless lunatics, idiots, or persons of unsound mind, and such as might properly be retained in a workhouse" (*Twenty-fifth Report of Commissioners in Lunacy, for 1870*, p. 72). This precaution has proved insufficient. As it is, we have certified lunatics placed beyond the control and protection of the lunacy laws, and paupers who are not lunatics practically classed as such, and confined without certificates, against the statute.

troublesome method of disposing of the sewage. There are means for isolating cases of infectious disease at both institutions, and the block system of building affords a large measure of permanent security. The general principles of treatment are humane and considerate. Walks around the neighbourhood, associated amusements, and appliances for the diversion of the patients by books, pictures, and games in the wards, are duly provided.

The case of Hampstead is peculiar. It is composed, as we have said, of a series of buildings constructed of corrugated iron, lined with boarding, and packed with felt in the interspaces. It is well arranged on the separate system, the blocks being placed at intervals along either side of a central connecting corridor. The erection has only one story throughout. The cubic capacity of the wards is sufficient, but the value of this fact is much reduced by the crowding of beds, many being placed not more than eighteen or twenty inches apart. As is well known, under such circumstances the measurement of cubic space counts for little.

The lower strata of the atmosphere in a dormitory are those chiefly concerned in the supply of respirable air to sleepers. If fifty or seventy patients are discharging carbonized air from their lungs at intervals of barely more than three feet, on the same level, and breathing back the atmosphere thus vitiated, the strata of pure air high above them will be of only secondary importance. The number of beds should be considerably reduced. Regarded as a temporary shelter, the asylum answers its purpose fairly well. The notion of allowing it to be treated as a permanent building should not be entertained for an instant; and it is doubtful whether the site, with its dropping level and scanty area, would be suitable for an edifice which must needs involve a large expenditure.

The management of these workhouse asylums is practically in the hands of their committees. The medical superintendents are resident physicians, and nothing more. The committees rule by a complicated executive staff of "principal officers." The attendants and servants of the establishment are nominally under these principal officers, but they can appeal to the committee. In so far as the metropolitan asylums are, or claim to be, anything more than workhouses,

this assumption of control by lay managers is unintelligible. We are not, however, disposed to regard them in any other character than that of misapplied almshouses and refuges.

Looked at from this point of view, beyond the fact that a considerable proportion of the inmates are not insane enough to justify detention in any asylum, and their being so detained is not only wrong in itself but vitiates the statistics of insanity in the country, there is not much at Leavesden, Caterham, and Hampstead, to which we need take exception. The inmates are contented. They work a little, and pass their monotonous lives tranquilly. Probably many of the middle-aged, and even young, men who lounge and brood their days away in comparative idleness prefer such an existence to the earnest and anxious life of toil which would be their lot in the outer world. Where guardians, ratepayers, and paupers are so well satisfied it is perhaps ungracious to suggest that the Commissioners in Lunacy should prosecute a more rigorous inquiry, and form an independent judgment on the cases they encounter.

We have appended averages of "numbers resident," of "deaths," and of "recoveries." They are not of any great value, considering the populations and the class of persons to whom they relate. The general health of these poor people is zealously cared for, and their physical condition does credit to the medical officers of the institutions in which they reside; but the practice is not medicine, and we question whether any change short of an entire remodelling of the system of "workhouse asylums" could make it scientific.

	LEAVESDEN. Since opening in 1870.	CATERHAM. Since opening in 1871.	HAMPSTEAD. Since opening in 1873.
Average number resident ...	1465*	1632*	518*
Average number of recoveries	13	29	26
Average number of deaths ...	175	219	63
Proportion per cent of recoveries on average number resident ...	·89	1·78	5·02
Proportion per cent. of deaths on average number resident	11·95	13·42	12·16

* These figures are only approximate, but sufficiently near the facts for purposes of comparison.

The observations I have to offer on the subject of these "workhouse asylums" are embodied in *The Lancet* report, and the section entitled "General Remarks on Public Institutions Visited" further on. The extracts, which I have appended, from the Commissioners' Report for 1875, published since the above appeared, will show how far the independent opinions expressed in my paper are borne out by the judgment of authority.

The following from page 3 of the same report is important :—

. . . . The increasing ratio of the total number of pauper lunatics maintained in asylums has, during the last two years, been accompanied, as a rule, by a decreasing proportion kept in workhouses, and the percentage of outdoor paupers, who are boarded with their relatives or others, has continued to diminish.

Clapton Asylum, opened in 1875, is for idiot children. The adults removed to that establishment are temporarily employed as workers.

Since the above was written, Hampstead Workhouse Asylum has reverted to its original purpose as an hospital for epidemic disease. This change has been made in consequence of an outbreak of small-pox. It would be foreign to the scope of this work to discuss the expediency of locating an hospital for communicable disease in close proximity with a densely populated neighbourhood. I will, however, embrace this opportunity of expressing a strong opinion that public authorities must be shortsighted, and communities of rate-paying citizens strangely inert, when such flagrant acts of folly are proposed and carried into effect. An institution in which cases of epidemic disease are concentrated is more dangerous than a powder magazine, because the energy of the explosive material is intensified by accumulation, and the centre is not easily protected from accident. The recurrence of these epidemics is almost as periodic as that of gales or the reappearance of comets, and there is no reasonable cause for panic, or excuse for being found unprepared with permanent and judiciously placed hospitals. Most of the perils of disease to which the community is exposed are distinctly traceable to defective administration or divided and conflicting authority. Sanitary science is precise and clear in its monitions, but the official mind has not yet learned to listen and obey. "State medicine" is a misnomer, and will doubtless continue to be so, until medicine is *directly* represented in both Houses of the Legislature, some scientific physician being deemed worthy to take rank with the peers of the sword, the long robe, literature, and commerce, and a medical man being returned to speak for "Medicine" in the Commons. The affectation which induces physicians and surgeons to protest they are glad our profession has not given a member to the Upper House is a pure piece of vanity, masquerading sentimentously in contempt of common sense. While personal and hereditary ennoblement is the hall-mark of State recognition it is absurd and mischievous to despise "empty honours." There is a sort of moral myopia that imbues great minds with notions astoundingly shortsighted and small.

BETHLEM AND ST. LUKE'S HOSPITALS.

THESE are correctly described as curative establishments for the insane, and, therefore, in a special way bespeak the interest of the profession. They are both charities, and exercise a certain discretionary power in the selection of cases. They are situated in London: one in the heart of the metropolis, the other close on the outskirts of a populous district. Each claims to be considered a clinical school of psychological physic, and certificates from the medical staff at either hospital are received by the University of London for the purposes of graduation in medicine. Both, also, afford accommodation for resident clinical students.

Beyond these general points of resemblance, the two metropolitan hospitals for lunatics present little in common. Bethlem is rich; St. Luke's is poor, with the poverty that paralyzes action. The older institution, so famous in the annals of "restraint," occupies a splendid and ample site, and needs nothing but a judiciously progressive administration of its ample funds to render it the most complete and efficient, as it is the most ancient, curative establishment for mental diseases in the country. Meanwhile, St. Luke's is badly, although conveniently, located; burdened with a rental; compelled to live from hand to mouth, selling its scanty stock,* or even borrowing money, to meet current expenditure; and doing useful and necessary work under conditions discreditable to the liberality of this wealthy capital.

Neither of these charities exists for the relief of the poor's rates, a circumstance that should on no account be lost sight

* There has been no sale of stock since 1869.

of.* It is their especial mission to relieve the sufferings of those a little above the level of pauperism. It would be difficult to exaggerate the importance of this service. Poor clerks, poor tradesmen, and persons in embarrassed or reduced circumstances generally, are the proper recipients of such aid as Bethlem and St. Luke's are ready to afford. It is strange that the social value of this enterprise does not command the support it deserves. Bethlem is in comparatively easy circumstances only because it happens to be endowed, while St. Luke's is starved and crippled in its work in a fashion that reflects dishonour on the philanthropy of our great City firms and the wealthy classes of the metropolis. The state of matters is so humiliating that we cannot believe it can be adequately understood by the public. Surely some measure to wipe away the reproach should be devised, and the feat would scarcely be difficult.

We are not indisposed to think that an hospital for the insane, where some portion of the expenses might be defrayed by patients or their friends, would be of use in London, but it is little short of a scandal that the committee of St. Luke's should be compelled to take in, and keep, chronic cases, for which some payment is made, in order to eke out an insufficient income. By all means let a wise system of self-support be applied to our public institutions, under proper restrictions; meanwhile, it is not only inexpedient, but unfair, to mingle, in the same hospital, the objects of pure charity with inmates who, to some extent, pay for their maintenance. However wisely and carefully a charity may be administered under such circumstances, it must inevitably be hampered, and, as we believe, fail in its ultimate appeal to the public and in financial success.

Bethlem and St. Luke's, we have said, both select their cases. The former is in a position to do this unfettered: St. Luke's cannot, from lack of funds, exercise a free choice. Accordingly, many beds at the last-named hospital are occupied by cases neither requiring, nor likely to be benefited by, curative treatment. This is much to be regretted.

* That they were so regarded by the magistrates of Surrey is evident from passages in the reports of the Wandsworth Asylum committee. See pages 222, 224.

Patients are admitted in the first instance for twelve months. If, at the expiration of that period, there appears good ground for hope that longer residence will effect a cure—or in certain instances on other accounts—a patient may be retained upon the recommendation of the resident physician. Speaking generally, these hospitals are exclusively for the treatment of acute cases which may be expected to recover, or to pass into the chronic stage rendering their removal to an ordinary asylum expedient, within the year. There is unhappily more than enough work of this special kind to be done in London, and it is to be deprecated that the only two curative hospitals, properly so called, for lunatics should be diverted, even in part, from their immediate legitimate purpose.

There is little to be said in commendation of either Bethlem or St. Luke's regarded from the constructional point of view. They are both singularly ill adapted for the residence of large bodies of patients, whatever their malady; and it is only because the vast building on the Surrey side of the Thames contains less than three hundred patients, and the hospital in Old Street Road under two hundred, that the sanitary conditions do not call for censure. Everything, probably, that ingenuity could suggest or liberality permit has been done at Bethlem to render the interior comfortable, and the surroundings attractive. The site is so good, and the situation so admirably suited for an institution of this character, that we can only hope in process of time the existing building will be replaced, at least to a considerable extent, if not throughout, by more commodious premises.

The case of St. Luke's is scarcely parallel. The wards are better than the exterior would lead a casual observer to anticipate; but the building is so blocked in by the surrounding houses, and the area so limited—notwithstanding the recent addition of a disused burying-ground as an airing court (!)—that it is impossible to avoid the impression that sooner or later the charity must cease to *rent* its present site, and remove to some equally central but more appropriate locality.

A careful inspection of both establishments, the details of which need not be described, enables us to report that little is wanting at either hospital beyond resolute perseverance in the improvements already in progress. The purely sanitary

arrangements at St. Luke's are not apparently quite equal to the need, and no time should be lost in refitting closets and ward sculleries. The water supply is ample, and the attendance seems good, but the fittings are not of a class to render thorough cleanliness easy or perhaps even practicable. The condition of the patients, their surroundings, the provisions for their domestic comfort and entertainment, are satisfactory. A more liberal embellishment of the wards at St. Luke's would be desirable, but in this, as in other respects, the lack of money cripples effort.

The proportion of attendants to patients is adequate, and the servants generally are somewhat above the average of such officials at county asylums. This is particularly obvious in the case of Bethlem. Much liberty is accorded to the inmates of both institutions. They enjoy especial facilities for outdoor exercise, and Bethlem has an establishment at Witley to which the convalescent and quiet patients are sent during the summer months. This is a great boon, and a most valuable adjunct to the treatment. Carriage drives, visits to their friends under proper surveillance, and many other devices for the pleasure and profit of the patients, are humanely provided. The general appearance of the inmates is indicative of comfort and content. The routine of daily discipline is considerate, and adapted to the social requirements of the class from which the inmates are chiefly derived.

But it is to the medical aspect of the two hospitals that we most desire to direct attention. Taking the year 1875 as a fair standard of the work done and the results obtained, we may reproduce the following particulars:—On the 1st of January, 1876, 263 cases remained under treatment in Bethlem Hospital: 99 males and 164 females. Of the male cases, 74 were classed as "curable" and 25 as "incurable"—that is to say, looking upon the institution as a "curative establishment for the insane," as the resident physician describes it, 25·25 per cent. of the space intended for males was unsuitably occupied. Turning to the female side, we find 134 cases classed as "curable" and 30 as "incurable," giving a percentage of 18·29 of curative force diverted from its proper object, and expended on patients whose malady was

deemed incurable. It is reassuring to notice that the anomaly of this state of matters appears to be recognized. The new cases admitted in 1875 were 231 in number, and of these only two were known to be "incurable." Nevertheless, at the close of 1875, there were 55 incurable cases left in the hospital: 11 had been under treatment thirty years; 16, twenty years; 9, fifteen years; and 19, ten years! The net result is that 20·91 per cent. of space and power is not available for curative work. Even recognizing, as we do, the necessity of retaining a certain proportion of quiet and tractable cases to facilitate the control of more turbulent inmates, it is impossible not to feel that the percentage of loss is too large.

An institution like Bethlem has not the excuse of need for "quiet" cases to eke out a scanty attendance. The paid officers are sufficiently numerous, and, as we have said, of a class superior in point of efficiency. At St. Luke's the conditions are, unfortunately, far worse. On the first day of the present year, the total number of patients being 205, not less than 135 were chronic or incurable! Thus only 34·15 per cent. of the whole establishment is applied to its legitimate purposes as a "curative" hospital: that is, considerably less than the average proportion available at an ordinary county asylum. The admissions at St. Luke's during the year 1875 numbered 102: 33 males and 69 females. Of these, 87—28 male and 59 female—were curable, and 15—5 male and 10 female—chronic cases. This looks as though there were a real desire to select cases which are likely to receive benefit, but other considerations, probably, as we have hinted, mainly financial, pull the other way. The practical consequence is that the hospital has become, in great part, a private asylum for the classes a few removes from pauperism. How greatly this is to be deplored must be self-evident.

Looking to the statistical tables of the two institutions, we find the following broad results:—At Bethlem, the percentage of cures upon curable cases, for a hundred years, as stated in the reports, is 45·68 per cent. The same calculation for the year 1875 gives 29·08 per cent. On the 1st of January, 1875, there remained 249 cases, of which 194 were "curable." During 1875, 231 patients were admitted, of whom 229 were believed

to suffer from curable maladies. This gives a total of 423 curable cases under treatment, of which 123 were discharged cured in the course of the year 1875, or 29·08 per cent. The percentage on total of "curable" admissions of the year, 123 cures on 229 curable cases, is 53·71.

At St. Luke's, the percentage of cures upon curable cases we collect as follows :—Cases on the books on the 1st of January, 1875, 182, of which 64 were curable. During the year 1875, 102 patients were admitted, of whom 87 were believed to be suffering from curable affections. This gives the total of "cases under treatment deemed curable," 151. The "cures or recoveries" of the year 1875 numbered 43, which shows a percentage of 28·48. The same calculation upon the admissions of the year 1875—that is, upon the curable cases only—makes 49·43. The comparison of the two hospitals is thus :—Percentage of cures upon the total number of curable cases under treatment, at Bethlem, 29·08 ; at St. Luke's, 28·48 ; and upon the number of curable cases admitted during the year, Bethlem, 53·71 ; St. Luke's, 49·43. The difference is not in either respect important. The percentage of deaths on average number resident is as follows : at Bethlem, 22 upon 265, or 8·30 per cent. ; at St. Luke's, 11 upon 184, or 5·98 per cent. No great weight can be attributed to the statistics of a single year, but as our immediate purpose is simply to indicate the *present* work of these hospitals, and the year 1875 seems to have been a fair average period, the computations given will suffice.

Epilepsy and general paralysis are professedly excluded from these curative hospitals, but cases of both diseases find their way into the admissions, and, of course, sensibly affect the "results" of treatment. The same is true of tubercular phthisis, and whether or not that disease has any great causative relation to insanity, its presence exercises a serious influence on the probability of cures among any considerable body of lunatics. The really progressive, though apparently retrogressive, conviction that "mental disease" so called is, in fact, in the main an arbitrary severance of nervous and mental symptoms from physical maladies, and has no separate existence other than may be attributed to functional derangements in general, will gain new strength by the study of

lunacy statistics properly interpreted. The seemingly inextricable confusion of figures, and heaping together of worthless, and in large part misunderstood, facts, which characterize the greater proportion of the published returns, may be, to a considerable extent, dissipated by collating and correcting them with the more intelligible and trustworthy statistics of ordinary physical disease.

No inconsiderable portion of the "curable" cases collected in an hospital for the insane will succumb to the common maladies upon which probably the mental phenomena exhibited by them depend. It is important to note that of the 22 deaths at Bethlem in 1875, 20 occurred in cases classed as "curable." In 10 instances general paralysis was the "cause of death." One was a case of cancer, two were phthisis, and a fourth was caused by suicide. Of 11 deaths at St. Luke's in the same year, two were cases of general paralysis, two of pulmonary consumption; one was caused by meningitis, another by rheumatic fever, and a third by peritonitis. Of course, it is to be expected that physical maladies will prove as fatal to insane patients as to the ordinary subjects of disease, but it is necessary to watch the cause of death at asylums somewhat closely, and, in the long run, we believe this line of inquiry will be found to throw considerable light on the nature and cause of maladies now too commonly classed as purely mental.

The system of treatment at Bethlem and St. Luke's—especially the first-named hospital, as being generally better provided in point of scientific appliances—is eminently direct and rational. The two institutions enjoy especial advantages and opportunities for personal observation dependent on their limited numbers. It is scarcely fair, or even possible, to discuss the treatment at St. Luke's in this stage of its history. There has been an important change in the management during the last year and a half, and as yet the earnest endeavours of the present resident physician are principally directed to carrying out such improvements and arrangements in the house as the very scanty means at his disposal will permit. We strongly urge upon the committee of this hospital a prompt and exhaustive consideration of its resources, and the policy to which their scanty nature manifestly impels

the directorate. Something should be done to place the hospital on a better permanent footing. The cause is a good one. The means of extended usefulness are at hand. What is done in the way of treatment may be done better, and a wider sphere of social service occupied, if only the conditions are such as to admit of a more judicious and free selection of hopeful cases, and to provide ampler facilities for cure. The committee are happy in their choice of a resident medical superintendent; it only remains to place at his disposal the fullest opportunities and the most approved and recent means for investigation and remedy.

Restraint is scarcely known at these hospitals, the exception being a very occasional use of gloves or straps for the hands at night.* Seclusion is practised moderately, and chiefly for the protection of disturbed sleepers. It is to be regretted that it is ever left within the discretion of attendants. One great difficulty with which the resident physicians have to contend is that of inducing patients of the class so largely represented at these institutions to work. When we remember how important a part occupation must always play in the treatment of mental maladies, the magnitude of this trouble will appear. Great skill seems to be displayed in overcoming the obstacle to improvement, but it is very serious, and should not be disregarded in estimating the results.

A generous dietary is provided, and, in so far as insanity is a disease of debility, this is satisfactory; but it certainly increases the need of adequate and suitable bodily exercise, to promote nutrition and obviate the consequences of proportionate excess. It is manifest, from the practice at Bethlem, that the value of measures tending to rouse lethargic patients to activity and to ward off the peril of drifting into a mere vegetative existence, so marked in some and imminent in all varieties of mental disorder, is clearly recognized.

We now come to a phase of the subject with which it would be most desirable to deal at length and in detail, but the materials are not at our disposal. Classing these two institutions as hospitals, it is natural to expect that they will

* This recourse is unfortunate, remembering the high and advanced position these institutions take as *hospitals*.

present features giving them a claim to be considered centres of scientific light, learning, and professional usefulness. Bethlem, indeed, offers many proofs of industry and success in this department. The practice is painstaking, and includes the skilled use of all known appliances. The researches in pathology are commensurate with, perhaps somewhat in advance of, the progress in therapeutics. In clinical industry and acumen the hospital will hold its own with any curative establishment for ordinary disease in the country. Nevertheless, there is something wanting. It is not enough, having regard to the present state of mental medicine, that a medical staff should work well, in a corner.

For the sake of the profession at large, and in the interests of that more general and practical acquaintance with the remote and reflex causes of disease which is so rapidly breaking down the partition walls of all specialties—what is done should be done openly. We do not mean to imply that there is any intentional avoidance of publicity at Bethlem. On the contrary, the most liberal arrangements are made by the resident physician for the clinical teaching of his own class from St. Thomas's Hospital, and that of the assistant physician from Guy's. Moreover, we believe the practice is, within proper limits, open to the observation of qualified practitioners. There is, however, a lack of endeavour to place the important facts gleaned and the discoveries made within reach of the profession as a whole.

Bound up with the reports, "printed for the use of the governors," in the years 1873 and 1874, and therefore practically restricted to these, generally speaking, *lay* readers, we find most valuable appendices summarizing the results of scientific observation and experience. The report for 1875 is not so enriched. We trust the omission may have been suggested by the discovery that this peculiar mode of disseminating knowledge of priceless value to the profession, but mischievous rather than useful to the lay public, was not well conceived. We also venture to hope the discontinuance may be preliminary to some more direct method of giving those primarily interested the full benefit of the great work in progress at this hospital.

We can have no hesitation in describing the pursuit of a

rational study of mental derangement, recognized as an outlier of physical disease, by the epithet *great*, but there are strong reasons to believe that the work doing at Bethlem is of a nature to claim more than common respect from all students of medicine. The appendices to which we have alluded place this beyond question. An appreciation of the conditions which give clinical reports a sterling value, a keen sense of the need of accuracy, and a wholesome dread of premature generalizing—or “jumping to conclusions”—on insufficient data or by hasty inferences, are happily apparent in every page.

Such subjects as the relations of physical with mental disease—including not only the characteristics of particular cases but the phenomena of reflex insanity and the general causation of madness; the extent to which habits of drunkenness may be the cause or the consequence* of progressive mental maladies; the precise effects of drugs, too many of which are vaunted as specifics; and the value and expediency of particular modes of treatment, with the conditions under which they should be employed or discarded—can only be studied in the wards of an hospital for mental disease; and they require for their discussion, to any useful purpose, the experience, the ripe judgment, and the patient skill of men versed in the practice of clinical observation and pathological research, provided with every necessary facility, and ready to devote their lives to an engrossing and highly responsible labour. These conditions are satisfied at Bethlem. It is on that account we cannot refrain from blaming the apathy or oversight to which the profession owes the hiding of so much light under a bushel, particularly at a conjuncture when the need of enlightenment is felt and deplored. We trust the resident physician at Bethlem will take these remonstrances as they are meant, and devise some means by which the evil may be remedied.

It is not within the scope of our present purpose to discuss the practice at these hospitals in detail. We can only

* I believe they are far more frequently the consequence than the cause. Few ordinary drunkards become insane. The experience of most practitioners, looking back many years, will attest the infrequency of this issue. Meanwhile, many persons evidently showing signs of incipient insanity resort to drink to appease their sufferings.

state generally the impressions which our inquiries have produced. Bethlem, as a place of residence for the insane, is a very poor and unsatisfactory specimen of what such an institution ought to be. In a certain sense, the fact that it has not, long ago, been rebuilt on the same site is discreditable to the enterprise of a comparatively rich corporation. As an hospital for the insane, it alone, of all the institutions in or near London, satisfies the obvious requirements. It is in excellent hands, and the only cause of complaint is that what is done is not, in a professional sense, done openly.

With this brief notice of the two hospitals we conclude the series of visits to *public* institutions for the counties of Middlesex and Surrey, together with the City of London.

It will be my object to collect and place before the reader, by means of extracts from authentic sources, the materials for an historical sketch of these hospitals. The task of weaving the disjointed facts into a succinct narrative I leave to others.

BETHLEM.

The following is from a work published in 1783, by the Rev. Thomas Bowen, M.A., chaplain of Bridewell Hospital and minister of Bridewell Precinct, for which the author received the thanks of the court of the united hospitals of Bridewell and Bethlem. It presents so complete a picture of the early history of the institution that no apology is needed for reproducing it almost at length.

The hospital of Bethlem owes its name and original to the piety of a citizen of London. In the year 1247, in the 39th of Henry the Third, Simon Fitz Mary, who had been sheriff, influenced by the prevailing superstition of the age, was desirous to found a religious house. Accordingly he appropriated by a deed of gift, which is still extant, all his lands in the parish of St. Bodolph without Bishopsgate, being the spot now known by the name of Old Bethlem, to the foundation of a priory. The prior, canons, brethren and sisters, for whose maintenance he provided, were distinguished by a star upon their mantles, and were especially directed to receive and entertain the Bishop of St. Mary of Bethlehem, and the canons, brothers and messengers of that their mother church, as often as they might come to England. Such was the original design of this foundation, a design as far short of the uses to which it has been since converted, as the contracted views of monkish hospitality are exceeded by the more enlarged spirit of Protestant benevolence.

We hear but little more of this house for the space of two hundred years. When the vast fabric of papal superstition in England began to totter, and the votaries of Rome were expelled from their ancient retirements, it was seized by Henry the Eighth, who, in the year 1547, granted the hospital of Bethlem, with

all its revenues to the mayor, commonalty, and citizens of London, from which time it became an Hospital for the cure of Lunatics.

It is most probable that the city of London had felt great inconvenience from the want of a proper receptacle for those unhappy objects, who were afflicted by the most deplorable malady incident to the human frame. The retired situation of the hospital of Bethlem, and its contiguity to the city, pointed it out as a fit place for the desired purpose. Accordingly, we find from authentic documents, that in the year 1523, Stephen Gennings, merchant-taylor, gave forty pounds by will towards the purchase of this hospital, and, that the mayor and commonalty had taken some steps to procure it, a very short time before they derived their right to it from royal munificence. What were the revenues which it then enjoyed does not now appear: it is certain, they were inadequate to the necessities which they were intended to remedy; for, five years after the royal grant had passed, letters patent were issued to John Whitehead, proctor to the hospital of Bethlem, to solicit donations within the counties of Lincoln and Cambridge, the city of London, and the isle of Ely.

In the infant state of this charity, no other provision was made for the unfortunate patient besides confinement and medical relief. His friends, if they had ability, or the parish, of which the wretched lunatic was an inhabitant, were obliged to contribute to his support. It remained for the judicious benevolence of succeeding times to improve the good work, and to supply that comfortable subsistence, and tender care, which, through the blessing of the divine providence, have restored so many distracted objects to their families, and to society.

There is no account of donations received before the year 1632. They were not, for some time, considerable, but the manifest utility of the institution, and perhaps the detriment which the public suffered, soon induced them to attend to the security of those members who, through the visitation of God, were become dangerous to the community. Accordingly, the growing charity was cherished not only by citizens, upon whose notice it more immediately pressed, but by others who had judgment to select proper objects of their attention, and ability to aid them.

About the year 1644, it was under consideration to enlarge the old hospital; but the situation was too close and confined to allow of its being rendered a commodious asylum for the numerous distracted persons of both sexes that claimed its protection, and probably the dreadful commotions of that period checked the idea of improvement. When peace and legal government were restored, and England had rest from the violence with which it had been convulsed, the concerns of civil society were again attended to, and it became a matter of serious deliberation to build a new hospital. In April, 1675, this great work was begun. The lord-mayor, aldermen, and common-council of the city of London, allotted to the governors a large piece of ground near London-wall, on the south side of the lower quarter of Moorfields, where the hospital of Bethlem now stands. The expedition, with which this stately fabric was completed, challenges our admiration. For, from an inscription over the arch facing the entrance to the hospital, it appears that it was finished in July, in the following year. So active was the zeal that quickened the growth of this noble structure! The generosity of the contributors must have been equal to their attention, for the charge of the building amounted to no less a sum than £17,000.*

* The design of the building was taken from the Chateau de Tuilleries, in Paris. Louis XIV., it is said, was so much offended that his palace should be

In the close limits within which the old hospital was confined, it was impracticable to reserve room for those forlorn beings, of whose return to the comforts of a sound mind there were no hopes. The increasing multitude of curable objects justly demanded admittance: nor did it seem reasonable that they should be excluded from the prospect of enjoying a blessing which the former could not attain. When the new house was erected, it was hoped that some provision might be made for such as were deemed incurable, and at the same time dangerous to the public. But the great influx of insane persons from all parts of the kingdom, into the hospital, frustrated their expectations, and gave reason to suppose that few, if any, of its numerous apartments would, at any time, be vacant. It was therefore found necessary to enlarge the building; a particular subscription was set on foot for the purpose; and in the year 1734, two wings were added to the hospital. This addition of room has enabled the governors, in some degree, to answer the wishes of the public; and there are now maintained *one hundred incurable patients*, fifty of each sex, who enjoy every advantage which their deplorable state can admit. The number of patients in the house, who are supposed capable of being relieved, commonly amounts to *one hundred and seventy*, and of these, it has been found upon an average that *nearly two out of three are restored to their understanding*.* . . .

It is an object much to be desired, that the many distracted persons, whose disorder no medicine can reach, might continue to find protection within these walls, and not be returned to their friends, a burthen, very often too heavy for them to bear.† The number of incurables which the hospital can at present contain is small, when compared with those who wait their turn of admission. Perhaps it would not be supposed that there are generally more than *two hundred* upon what is called the incurable list;‡ and, as instances of longevity are frequent in insane persons, it commonly happens that the expectants are obliged to wait six or seven years, after their dismissal from the hospital, before they can be again received. During this long interval, they must be supported either by their respective friends, or parishes. The expence of maintaining, and properly securing

made a model for an hospital, that, in revenge, he ordered a plan of St. James's to be taken for offices of a very inferior nature. The figures of the two lunatics over the gates of the hospital, an engraving of which is prefixed to this account, were the work of Cibber, the father of the comedian. "My father Caius Gabriel Cibber was a native of Holstein, who came into England, some time before the restoration of King Charles II., to follow his profession, which was that of a statuary. The basso relievo on the pedestal of the grand column in the city, and the two figures of the lunatics, the Raving and the Melancholy, over the gates of Bethlem hospital, are no ill monuments of his fame as an artist."—*Cibber's Apology for his own Life*. There is a tradition that the person represented by the figure of the melancholy lunatic, was the porter of Oliver Cromwell!—*Note to Bowen's Historical Account of Bethlem*.

* See footnote, page 295.

† It must be borne in mind that at this time no refuges for lunatics, except those provided by charitable institutions, existed.

‡ When a patient, after sufficient trial, is judged incurable, he is dismissed from the hospital, and if he is pronounced dangerous either to himself or others, his name is entered into a book, that he may be received in turn among the incurables maintained in the house, whenever a vacancy shall happen.—*Note to Bowen's Historical Account*.

them far exceeds the allowance that is usually made for paupers ; and in middling life, when the feelings of a working son or husband revolt at the idea of a near relation becoming an object of parochial alms, the distress and difficulties of the lunatic's unhappy friends must be greatly aggravated. Besides, for want of due care and security, accidents, far too shocking to be related, have sometimes happened.

The conduct and management of this hospital is more immediately intrusted to a committee of forty-two governors ; seven of whom, together with the treasurer, physician, and other officers, attend every Saturday, in monthly rotation, for the admission of patients, and for the regulation of such other matters, as may concern the ease, welfare, and convenience, of so large a family. . . .

As soon as the lunatic is judged a fit object for this charity, he is delivered to the steward, who, under the direction of the physician, assigns him such a degree of care and confinement as his case may require. The wards are spacious and airy,* and the convenience of the apartments allotted to each unhappy individual, together with the order, decency, and cleanliness that are conspicuous through the whole house, cannot but strike the curious and charitable visitant. . . .

It is scarce necessary to assert, that the unhappy patients enjoy the ablest medical assistance, administered with the greatest humanity.†

. . . . The constant breakfast allotted to the patients throughout the year, is water-gruel, with bread, butter and salt. They have meat for dinner three days in a week. Beef is the Sunday's fare ; mutton is their Tuesday's dinner, and they have veal on Thursdays, but the last only from Lady-day to Michaelmas ; during the winter months, mutton or pork is distributed in its place. They have also a sufficient quantity of broth ; and that every indulgence, which economy permits, may be given to the poor patients, on the meat days one gallery is always gratified with roast meat. The quantity of solid meat, besides vegetables and a pint of small beer, allowed each individual, is eight ounces. On the days in which they have no meat, and which are called banyan days, they have milk pottage or rice-milk, with bread and cheese. Their constant supper is bread and cheese, with a pint of small beer ; and twelve out of each gallery, in their turn, have butter if they prefer it.

The cells are visited early every morning by the servants of the house : these make their report to the apothecary,‡ who goes round about eight o'clock to inspect them himself ; and to give such orders and directions as may be necessary. The physician visits the hospital three days in a week. There are certain days fixed for the proper medical operations ; and the cold, or hot, bath is used in those cases where it is judged to be salutary. Every patient is indulged with the degree of liberty which is found consistent with his own and the general safety. In the winter there are certain rooms with comfortable fires,§ where those, who are in a convalescent state, meet and associate ; and in the summer, they walk in the large adjoining court-yards, and sometimes amuse themselves with such diversions as are deemed

* The length of each ward or gallery is 321 feet, the width 16 feet 2 inches, and the height 13 feet. There are 275 cells, each of which measures 12 feet 6 inches by 8 feet.—*Note to Bowen's Historical Account.*

† "The physician to the hospital is Dr. Monro, and the surgeon Mr. Richard Crowther."—*Note.*

‡ Mr. John Gozna.

§ These, to prevent mischief, are defended by large guard-irons.—*Note to Bowen's Historical Account.*

not improper to quiet their spirits, and compose the agitation of their minds. The hospital used formerly to derive a revenue, of at least £400 a year, from the indiscriminate admission of visitants, whom, very often, an idle and wanton curiosity drew to these regions of distress. But this liberty, though beneficial to the funds of the charity, was thought to counteract its grand design, as it tended to disturb the tranquillity of the patient. It was therefore judged proper, in 1770, no longer to expose the house to public view; and now, it is scarce ever open to strangers, unless they are introduced by a particular order. The friends of the poor objects have a limited access to them. . . . And here it may not be amiss to contradict a most injurious notion, that has been adopted, chiefly indeed by that class of people, who are most prone to form prejudices against eleemosynary institutions, which is, that the patients in Bethlem hospital are beaten, and in other respects ill-treated, in order to compel them to submit to the necessary operations. The idea is absolutely erroneous. No servant is allowed so wanton an abuse of the authority that is given him; and it is strictly enjoined, that a patient shall never be struck, except in cases of self-defence. Indeed it is notorious, that the members of this family are managed with that lenity which their situation claims. . . .

The admission of patients into Bethlem hospital is attended with very little difficulty. It is first necessary to consider whether the case of the supposed lunatic includes any of those circumstances which the prudence of that hospital regards as objections to admission. These are few in number, and the wisdom and propriety of them will be easily allowed. Mopes, persons afflicted with the palsy, or subject to convulsions or epileptic fits, and such as are become weak through age or long illness, are excluded. Objects of this description, it is presumed, may be sufficiently protected and secured by their own friends, or in a parish workhouse. . . . No person is considered as disqualified for admission here, who may have been discharged uncured from any other lunatic hospital. . . . Two housekeepers residing in or near London, shall enter into a bond to take the patient away when discharged by the committee, and pay the expence of clothes, and of burial in case of death. If the lunatic is sent by a parish, or any other public body, the sum of three pounds four shillings is paid for bedding; but if he is placed there by friends . . . two pounds five shillings and sixpence. It is expected that the patient should be supplied with clothing. . . .

There is no particular time limited for the continuance of a patient in the hospital, who is under cure. It is generally seen in a twelvemonth whether the case will admit relief; and sometimes in a few months health and reason are restored. Nor does the care of the governors cease when the recovered lunatic is dismissed from the hospital. At the time of discharge, he is interrogated as to the treatment which he has received, and, if he has had cause of complaint, required to declare it. He is encouraged to apply occasionally to the medical officer, who gives him such advice and medicines as are proper to prevent a relapse, and, if it should appear that his circumstances are particularly distressing, the treasurer and physician possess a discretionary power to relieve him with a small sum of money at his departure.*

It is disheartening to turn from this roseate picture to the Report of the

* When an incurable patient is finally settled in the house, the sum of half a crown a week is paid to the hospital by his friends, or the parish to which he belongs.—*Note to Bowen's Historical Account.*

Select Committee appointed in 1815 "to consider of provision being made for the better regulation of madhouses in England." The following is from the evidence of Mr. Edward Wakefield, of Pall Mall, a land agent, with "no other interest" in the subject "but motives of general humanity and benevolence." Nothing is further from my intention than to load these pages with the record of horrors long since happily passed away; but as I quoted one passage from the proceedings in Parliament to illustrate the condition of matters in Middlesex before the building of Hanwell, it is fair to show the state of Bethlem Hospital after—if not at—the period when the Rev. Thomas Bowen recounted its history, and in his enthusiasm eloquently exclaimed, "How glorious then would be the work, how comprehensive the charity, that should contribute to increase the establishment for incurable lunatics." This is how Mr. Wakefield tells the story of what he saw at Bethlem on the 25th of April and the 2nd of May, 1814:—

I was introduced, with others, by Mr. Alderman Cox, an official governor, whose feelings being overpowered before we had gone over the men's side, was under the necessity of retiring to the steward's office, whither he was soon afterwards followed by us, in consequence of a message from the steward, who then informed us that Mr. Cox was prevented from accompanying us further. We solicited permission to continue our inspection whilst Mr. Cox remained in the hospital, but this was declined, and we were compelled to close our visit on that day. On Monday, the 2nd of May, we revisited the hospital, introduced by Robert Calvert, Esq., a governor, and accompanied by Charles Callis Western, Esq., member of Parliament for Essex, and four other gentlemen. At this visit, attended by the steward of the hospital, and likewise by a female keeper, we first proceeded to visit the women's galleries: one of the side rooms contained about ten patients, each chained by one arm or leg to the wall; the chain allowing them merely to stand up by the bench or form fixed to the wall, or to sit down on it. The nakedness of each patient was covered by a blanket-gown only; the blanket-gown is a blanket formed something like a dressing-gown, with nothing to fasten it with in front; * this constitutes the whole covering: the feet even were naked. One female in this side room, thus chained, was an object remarkably striking; she mentioned her maiden and married names, and stated that she had been a teacher of languages; the keepers described her as a very accomplished lady, mistress of many languages, and corroborated her account of herself. The Committee can hardly imagine a human being in a more degraded and brutalizing situation than that in which I found this female, who held a coherent conversation with us, and was of course fully sensible of the mental and bodily condition of those wretched beings who, equally without clothing, were closely chained to the same wall with herself. Unaware of the necessities of nature, some of them, though they contained life, appeared totally inanimate and unconscious of existence. The few minutes we passed with this lady did not permit us to form a judgment of the degree of restraint to which she ought to be subject; but I unhesitatingly affirm, that her confinement with patients in whom she was compelled to witness the most disgusting idiotcy, and the most terrifying distraction

* Bowen gives a list of articles to be supplied by the steward, subject to order of the weekly committee, at fixed charges. The price of a "blanket-gown" was 10s. 6d.

of the human intellect, was injudicious and improper. She intreated to be allowed pencil and paper, for the purpose of amusing herself with drawing, which were given to her by one of the gentlemen with me. Many of these unfortunate women were locked up in their cells, naked, and chained on straw, with only one blanket for a covering. One who was in that state, by way of punishment, the keeper described as the most dissatisfied patient in the house; she talked coherently, complained of the want of tea and sugar, and lamented that her friends, whom she stated to be respectable people, neither came to see her, nor supplied her with little necessary comforts: the patients generally complained much of being deprived of tea and sugar. On leaving the gallery, we inquired whether the visit had been inconvenient or unpleasant; they all joined in saying, No; but (which was sufficiently apparent) that the visit of a friend was always pleasant.

In the men's wing in the side room, six patients were chained close to the wall, five handcuffed, and one locked to the wall by the right arm as well as the right leg; he was very noisy; all were naked, except as to the blanket-gown or a small rug on the shoulders, and without shoes: one complained much of the coldness of his feet; one of us felt them—they were very cold. The patients in this room, except the noisy one, and the poor lad with cold feet, who was lucid when we saw him, were dreadful idiots; their nakedness and their mode of confinement gave this room the appearance of a dog-kennel. From the patients not being classed, some appear objects of resentment to the others: we saw a quiet civil man, a soldier, a native of Poland, brutally attacked by another soldier, who, we were informed by the keepers, always singled out the Pole as an object of resentment; they said there were no means of separating these men, except by locking one up in solitary confinement. Whilst looking at some of the bed-lying patients, a man arose naked from his bed, and had deliberately and quietly walked a few paces from his cell down along the gallery; he was instantly seized by the keepers, thrown into his bed, and leg-locked, without enquiry or observation. Chains are universally substituted for the strait-waistcoat. In the men's wing were about 75 or 76 patients, with two keepers and an assistant, and about the same number of patients on the women's side; the patients were in no way distinguished from each other as to disease, than as those who were not walking about chained in the side rooms were lying stark naked upon straw on their bedsteads, each in a separate cell, with a single blanket or rug, in which the patient usually lay huddled up, as if impatient of the cold, and generally chained to the bed-place in the shape of a trough; about one-fifth were in this state, or chained in the side rooms. It appeared that the wet patients, and all who were inclined to lie abed, were allowed to do so, from being less troublesome in that state than when up and dressed. The end window towards Fore Street was the chief source of entertainment to the patients; they seemed greatly to enjoy the sight of the people walking, and to derive great pleasure from our visit.

In one of the cells on the lower gallery we saw William Norris; he stated himself to be 55 years of age, and said he had been confined about 14 years; that in consequence of trying to defend himself from what he conceived the improper treatment of his keeper, he was fastened by a long chain, which, passing through a partition, enabled the keeper, by going into the next cell, to draw him close to the wall at pleasure; that to prevent this, Norris muffled the chain with straw, so as to hinder its passing through the wall; that he afterwards was confined in the manner we saw him, namely, a stout ring was rivetted round his neck, from which a short chain passed to a ring made to slide upwards or downwards on an upright

massive iron bar, more than six feet high, inserted into the wall. Round his body a strong iron bar about two inches wide was rivetted; on each side the bar was a circular projection, which being fashioned to and inclosing each of his arms pinioned them close to his sides. This waist-bar was secured by two similar bars, which, passing over his shoulders, were rivetted to the waist-bar both before and behind. The iron ring round his neck was connected to the bars on his shoulders by a double link. From each of these bars another short chain passed to the ring on the upright iron bar. We were informed he was enabled to raise himself, so as to stand against the wall, on the pillow of his bed in the trough bed in which he lay; but it was impossible for him to advance from the wall in which the iron bar is soldered, on account of the shortness of his chains, which were only twelve inches long. It was, I conceive, equally out of his power to repose in any other position than on his back, the projections which on each side of the waist-bar inclosed his arms, rendering it impossible for him to lie on his side, even if the length of the chains from his neck and shoulders would permit it. His right leg was chained to the trough; in which he had remained thus engaged and chained more than twelve years.

To prove the unnecessary restraint inflicted on this unfortunate man, he informed us that he had for some years been able to withdraw his arms from the manacles which encompassed them. He then withdrew one of them, and observing an expression of surprise, he said that when his arms were withdrawn he was compelled to rest them on the edges of the circular projections, which was more painful than keeping them within. His position, we were informed, was mostly lying down, and that as it was inconvenient to himself to raise himself and stand upright, he very seldom did so; that he read a great deal of books of all kinds, history, lives, or anything that the keepers could get him; the newspaper every day, and conversed perfectly coherent on the passing topics and events of the war, in which he felt particular interest. On each day that we saw him he discoursed coolly, and gave rational and deliberate answers to the different questions put to him. The whole of this statement relative to William Norris was confirmed by the keepers. On Wednesday, the 7th of June, when we again visited Bethlem, we discovered that all the male patients who were then naked and chained to their beds in their cells, were in that situation by *way of punishment* for misbehaviour, and not from disease."

It is needless to quote other portions of the evidence. Suffice it to say, the treatment adopted in these cases appears to have commended itself to the judgment and humanity of the medical officers with whose sanction it was pursued. In their Report the Committee note the fact that Bethlem enjoyed special immunity from previous Acts of Parliament passed with a view to enforce proper provisions and protection for the insane. It was not until 1853* that this institution came to be counted among the number of those which public prudence and common humanity required to be regularly inspected, a form of supervision the high prestige of this ancient charity too long, unfortunately, enabled its governing body to resist.

Following no precise order in this review, we may next notice "A Narrative of the Proceedings at the Laying of the First Stone of

* The Royal Hospital of Bethlem was placed under the control of the Commissioners in Lunacy by 16 and 17 Vict. c. 96, s. 35, passed in 1853.

the New Buildings at Bethlem Hospital on Thursday, the 26th day of July, 1838, with Historical Notes and Illustrations and Official Documents," by Peter Laurie, Esq., LL.B., one of the governors (published 1838). It recounts the circumstances under which Bethlem Hospital was removed to the site now occupied :—

About the year 1804 the lower quarters of Moorfields were taken away, the attention of the Corporation of London being then turned towards the improvement of that spot by buildings; but it was not until a considerable time subsequent that the governors of Bethlem Hospital concluded upon removing their asylum to a more favourable site, after a full investigation of estimates for a general repair and rebuilding of some parts. At Lady Day, 1810, the leases of the Bridge-House estates in St. George's Fields and Lambeth Marsh reverted to the Corporation; and an exchange then took place of the site of the late Bethlem Hospital for a ground-plot of nearly twelve acres, fronting the road leading from Newington-butt to Lambeth, on part of which stood the notorious gardens known by the name of "The Dog and Duck." The new Bethlem Hospital was therefore erected at the western end of the southern side of St. George's Road, on an enclosed piece of ground eight acres in extent, to which the governors were limited by Act of Parliament. The new edifice is three stories in height and 580 feet in length; and is composed of two wings, with projecting ends and a centre, in the latter of which is a very fine portico, formed of five lofty Ionic columns, supporting a pediment and tympanum with the Royal arms. Above this portico is an additional story covered by a dome. The building was designed by Mr. Lewis, and conducted by Mr. Richard Upton, superintendent of the works; the first stone being laid by the president, Sir Richard Carr Glyn, on the 18th of April, 1812, in the presence of the Lord Mayor, the sheriffs, and the governors of Bethlem and Bridewell Hospitals; and in August, 1815, the patients were received into the house. Previously to their admission, the edifice was inspected by the Committee of the House of Commons "appointed to consider of provision being made for the better regulation of madhouses in England;" and in the report which they subsequently presented to Parliament, will be found an engraved elevation and plan of the new hospital, with the remarks and recommendations of the members by whom it was visited.

The "remarks and recommendations" referred to in the last sentence are interesting as showing that even in 1815 the principles of a humane care of the insane were recognized, although it was not until considerably later they began to be embodied in practice. I extract the following passages from the official report, dated 11th of July, 1815 :—

NEW BETHLEM HOSPITAL.

After the patient inquiry made by your committee on the matters referred to them, they thought it desirable to inspect the *New Bethlem Hospital*, erected in Saint George's Fields, but not yet inhabited, that they might consider, with the advantage they have acquired from the examination, how far the building might appear to be well calculated for the accommodation of, and to afford the best chance of cure to, the patients intended to be soon removed into it; and having accordingly made a careful inspection of the building, they submit the following observations :—

On entering the gallery on the principal floor, they observed that the windows

were so high as to prevent the patients looking out: with the unfitness of which your committee were struck, as intelligent persons had stated, in the course of the examination, that *the greatest advantage might be derived from the patients having opportunities of seeing objects that might amuse them.* . . .

In the sleeping apartments the windows are not glazed, which your committee think deprives the patients, generally, of a reasonable comfort, and may in many cases be really injurious; but what appears to be still more important, there are *no flues constructed for the purpose of conducting warm air* through the house, except in the lower galleries, on the basement story, which are proposed to be warmed by steam. This appears to be deserving of serious consideration, because it is represented that the patients suffer sensibly from cold; and Dr. Monro,* the physician to the hospital, stated that it had not been thought advisable to administer medicines in the winter on account of the cold of the house. . . .

There is *no room set apart for the reception of the dead bodies*, which should be provided for.

There are eight acres of ground occupied for the hospital, including the site of the buildings, the airing grounds, and one acre and a half intended for a kitchen garden; and there are nearly four acres more adjoining, which it is the intention of the governors to turn to profit, the Act of Parliament restraining them to the use of eight.† The committee, however, think it may be expedient to submit to the consideration of Parliament the propriety of enabling the governors to devote this ground to the general purposes of the hospital, from a conviction of the benefits the patients derive from exercise, and in many cases from labour. . . .

At this period (1815), as I gather from the evidence given before the Select Committee, and other sources—Dr. Thomas Monro had held the

* The following is also interesting as a description of “treatment”:—

Is there any season of the year when particular medicine is applied?—Yes.

What season is that?—In the months of May, June, July, August, and September, we generally administer medicines; we do not in the winter season, because the house is so excessively cold that it is not thought proper.

Does that go to them all, male and female?—Yes, not the incurables. . . .

Is the medicine administered to the patients on account of their mental derangement, on the consideration of each separate case; or is any general remedy applied?—It is generally given, certainly.

Are there a certain number of days in the week in which you bleed, and a certain number of days on which you physic?—All the patients who require bleeding are generally bled on a particular day, and they are purged on a particular day.

And vomited?—Yes, and vomited; only those patients are selected that are thought proper objects of such evacuations.—*Evidence of Doctor Thomas Monro, Veneris, 19^o die Maii, 1815.*

† The clause in the Act of Parliament vesting the lease in the governors of Bethlem Hospital, which limited the site to eight acres, is quoted in a footnote to the official narrative published in 1838, from the *History and Antiquities of the County of Surrey*, by Bray, as follows:—“The quantity of ground being eleven acres and three rods, of which eight acres were to be occupied by the buildings and offices, with an open space for air and exercise to be used by the patients; the remainder to be applied to such uses for augmenting the revenues of the hospital as the governors shall think fit, with a proviso for re-entry if the ground should be used for any other purpose.”

office of physician—or, to use his own words, “been backwards and forwards”—thirty-two years, having been appointed in 1783. Mr. John Haslam* had been apothecary twenty years. Mr. Crowther, to whom reference is made in the evidence, states, in a work published in 1811,† that he had then been surgeon to the hospital nearly twenty-three years. He assumed that office in February, 1789, I believe. In his evidence, Mr. Haslam states that Mr. Crowther died about a month before the inquiry (May 19, 1815), and *had been insane* about ten years. He remained in professional attendance at the hospital about a week previous to his death! Mr. William Laurence, then assistant surgeon to St. Bartholomew’s Hospital, afterwards surgeon to Bethlem, states that he first visited the institution in aid of his friend the late surgeon, Mr. Crowther.

“A Succinct History of the Establishment,” appended to “Sketches in Bedlam,” published 1823, thus describes the institution :—

. . . . In the hall are placed the two fine figures that represent raving and melancholy madness, for which Louis XII. of France offered twelve thousand louis-d’or. They were executed by the celebrated Caius Gabriel Cibber, father of Colley Cibber, the dramatist and poet laureate; and they were repaired in 1820 by Mr. Bacon. They formerly decorated the pillars of the gateway entering to the old hospital in Moorfields.‡ The building and the grounds for exercising the patients occupy an area of about twelve acres.

. . . . The two wings are appropriated for the patients; the centre for the resident officers, the physician’s parlour, the apothecary’s shop, and servants’ hall, etc., etc.

Each of the wings has four galleries, and an infirmary for the aged, quiet, and helpless female patients. The galleries are about seventy-five yards long, with a wing of about twenty yards. In each gallery there are twenty-three bedrooms, a keeper’s room, dining-room, and a side-room for confining refractory patients, which is but rarely used; a pump, a washing place, and a water-closet.

. . . . The patients are divided into the four galleries, thus: The basement, or No. 1, is appropriated for all noisy and dangerous patients, some of whom are very uncleanly. In this gallery there are two keepers, but in each of the upper galleries only one. The ground story, No. 2, receives the patients on their admission, and this gallery, as well as No. 3, is appropriated for curables. The upper gallery, No. 4, is for the incurables, and contains patients of that description only. The male criminals’ wing is a separate building in the rear of the west end of the hospital; and the female criminals’ wing is in the rear of the east end. . . .

The whole expense of the criminal wings is defrayed by Government, and the provisions, medical treatment, and domestic arrangements are precisely similar with the rest of the hospital.

The airing grounds are large square areas in the rear of the building; the males’ side is divided from that of the females by a large garden, allotted for the use

* Mr. Haslam was the author of “Observations on Insanity,” of which a corrected and enlarged edition, entitled “Observations on Madness and Melancholy, . . . treating of Symptoms and Pathology,” appeared in 1809; and of several other works.

† “Practical Hints on Insanity,” etc., by Bryan Crowther, surgeon to Bridewell and Bethlem Hospitals. 1811.

‡ Erected, 1553; pulled down, 1814.

of the officers of the establishment, and separated from the criminals' by a high wall, surmounted by a *chevaux-de-frise* to prevent escape of the criminals. Into these airing grounds the patients are brought daily, whenever the weather is fine; and they have, by some means, obtained the appellation of "Green Yards."

. . . . Each patient has a separate room. The bedsteads are of iron, with common sacking bottoms; the bedding a good flock mattress, a pillow, three blankets, a pair of sheets, and a rug. . . .

In the basement gallery, where the disorderly patients are, there are no sheets, and they sleep on straw, which is changed every morning if requisite.

The night watch.—This duty is performed by five keepers, two porters, and the cutters of provisions, who relieve each other every four hours. . . .

The grand principle of this establishment is mildness; for it is now generally acknowledged that this mode of treating the maniac is much better calculated to restore reason than harshness or severity. No keeper has authority here to put a patient in confinement without first acquainting the superintendent, who inquires into the circumstances; and if it should appear to him necessary, the refractory person is put under restraint, which is invariably the mildest, and only kept so for a short time, unless it be absolutely necessary. Dr. Wright,* whose vigilance is as unceasing as his mind is patient and humane, will allow no passionate confinement for trivial offences, being convinced that restraint, without urgent necessity, is injurious to the feelings, and exciting to the irritation of patients, and considerably impedes their recovery. The good effects of this mild treatment have done wonders; for a refractory patient is frequently silenced and becomes tranquil at the mere threat of restraint,† which if adopted for any trivial irregularity, he would become unhappy and mortified; besides, it would give him a practical specimen of prison discipline, which, perhaps, he knows only by name. They are generally confined, when refractory, to their own rooms for an hour or two, until they become cool and orderly. The name of the person, the nature of his offence, the length of his confinement, and the date, are regularly entered in a book kept for the purpose, which is read by the clerk to the next sub-committee of governors, who meet every Thursday, upon which day, also, new patients are admitted to the hospital, leave of absence given or enlarged, and the cured discharged.

. . . . Should a physician perceive that a patient is in an improving state, he particularly observes him from time to time, until, after receiving a good account from Dr. Wright and the keepers, he thinks him sufficiently recovered for a trial at home with his friends. He then recommends him at the next meeting of the committee of sub-governors, and a month's leave of absence is obtained; at the expiration of which time, should he be perfectly recovered, he attends at the hospital merely to show himself to the committee, returns thanks, and is discharged. But if, when the month's leave is expired, the patient should not be quite so well as is wished, another month's leave is granted, and so on, until he is perfectly recovered; when he attends to return thanks, and is finally discharged. If a patient should relapse during his leave of absence, he may be brought back to

* At this time the medical staff was composed as follows:—*Physicians*: Sir George L. Tuthill, Knt., M.D., and Edward Thomas Monro, M.D.; *Surgeon*: William Laurens, Esq.; *Apothecary and Superintendent*: Edward Wright, M.D.

† It appears, from the evidence of Dr. Wright before the committee of 1827, that the restraints in use at Bethlem at that time were the waistcoat, the belt and gloves, and hobbles for the feet, a sort of strap going from ankle to ankle, but allowing the individual to walk with about a half pace.

the hospital at any day or hour, free of expense. But it is considered that a month, at least, is necessary for him to continue well in the hospital, previous to the leave of absence.

It will be seen, from the later passages in this abstract of a very interesting account of the usage at Bethlem more than fifty years ago, that the system adopted was in many particulars the same which has since been extended to asylums and licensed houses generally, especially the rule of keeping an accurate record of seclusions, and the custom of sending out convalescent patients on leave of absence during a probationary period before formal discharge.

In 1838, just twenty-three years after the opening of "New Bethlem," it was enlarged. Erected in 1812 for the accommodation of 198, in 1838 provision was made for 166 additional patients, so that the hospital would be capable of receiving 364 inmates in all. In his address when the foundation stone was laid, Sir Peter Laurie, the president, observed, "For many years we have restored to their families and society *sixty out of every hundred** who seek an asylum within these walls."

The Commissioners in Lunacy made special inquiry into the condition of Bethlem Hospital, and the treatment of patients at that institution, in 1851. A special order from the Secretary of State was necessary, because at this time Bethlem was exempt from the jurisdiction of the Commissioners:—

8 and 9 Vict. c. 100, c. 116: And be it enacted, that nothing in this Act contained shall extend to the Royal Hospital of Bethlehem, or any building adjacent thereto, and used therewith: Provided always, that it shall be lawful for any Commissioner, or other person, whom the Lord Chancellor, or any one of her Majesty's principal Secretaries of State, shall at any time, by an order in writing, under the hand of the said Lord Chancellor, or Secretary of State, direct, to visit and examine the Royal Hospital of Bethlehem, and every or any building adjacent thereto as aforesaid, and every or any person confined therein.

From their report, dated February 7, 1852, I make the following extracts:—

The net income of the estates applicable to the purposes of the charity appears from the general account of 1850-51 to be £17,400 per annum, which is exclusive of about £3000 per annum paid by Government for the maintenance and care of criminal patients; making a total income of about £20,400.

After describing the constitution of the governing body and the staff, the committee say:—

The treasurer is a responsible officer, to whom the execution of various important duties is committed. . . . His powers appear to be very extensive. His duties, as stated by himself, are to superintend the affairs of the hospital, "both as to its attendants and details." He has no power, however, he states, to

* Sir Charles Hood, in his "Decennial Report," presented in 1856, says, "On the authority of Stow, who derived his information from Dr. Tyson, the physician to the hospital at that time, 1294 patients were admitted between 1684 and 1703; and of these 890, or about 2 in 3, were cured. But between the years 1784 and 1794, when 1664 patients were admitted, the number of recoveries was 574, or only a little more than 1 in 3."

interfere with the medical officer or matron, except as an individual member of the board, or to rescind any of the existing rules. Nevertheless, he says that in a case of emergency he takes upon himself to rescind a rule, reporting such interference on his part immediately to the committee. On one occasion, indeed, he seems to have assigned to the matron, in our opinion very injudiciously, the very important power of classifying, employing, and generally managing and arranging the female patients, without reporting such alteration to the committee, or obtaining their sanction thereto. . . . The hiring and discharge of attendants also rest with him. In the case of hiring male attendants and servants, he acts on the recommendations of the resident apothecary and steward respectively, and in hiring female attendants, on the recommendation of the matron. His power of dismissal appears to be absolute. The diet of the patients, together with much of the internal economy and comfort of the institution, appears to be under his influence.

The mistaken nature of this arrangement, intrusting duties which can alone be discharged by a *medical* superintendent to a *lay* authority, must be apparent to the least reflective student of lunacy. The sound reason of the following observation, interpolated by the Commissioners, is all-convincing :—

We have only further to remark, that the jurisdiction of the matron ought never to be allowed to interfere with, much less to supersede, the authority of the medical officer in anything that relates to the management, classification, or employment of the patients, whether male or female.

It is strange that at any period in the history of an *hospital*, more especially so late as 1851, such a remark should have been necessary.

The patients of the hospital are distinguished into three classes, viz. those on the curable, those on the incurable, those on the criminal lists respectively, of which the first is the most numerous and important.

In order to be admissible on the curable list, the rules of the hospital require that the attack of insanity shall not have been of more than twelve months' duration, and shall not be complicated with "paralysis, epilepsy, or any other disease of such a kind as to require the attendance of a nurse, or to threaten the speedy dissolution of life." In practice, if any such disease supervenes during residence in the hospital, the patient is sent away uncured; and in any event, whether recovered or not, he is discharged at the end of a twelvemonth, except in certain cases in which a few months' extension of the term of residence for the benefit of further treatment is allowed. The cures on the curable list may, therefore, be described as picked cases; that is to say, cases in which the mental disorder is of recent origin, and not combined with serious bodily illness, and presents the fairest prospect of recovery. The average number of patients on the curable list at any one time is about 210; the average number admitted in the course of the year is about 315. . . . The average number on the incurable list may be taken at rather less than 80. . . .

With regard to classification, the patients of each sex, exclusive of criminals, are, according to the general rule, directed to be distributed into five classes, and are placed in corresponding wards: the first class comprising dirty and refractory patients; the second, patients newly admitted, and who are in a state of probation; the third and fourth, patients in different stages of convalescence; and fifth, incurable patients. This mode of distribution is, in the main, carried out in practice. . . .

. . . . From the foregoing details it will be evident that Bethlehem (in this

respect differing from most of the great public institutions for the insane in England) is pre-eminently and essentially an hospital for the *treatment and cure* of insanity—a fact which it will be material to bear in mind when the arrangements for supplying medical care and treatment to the patients are considered. . . .

Amongst the extensive additions to the building, which were commenced so long ago as the year 1838, a distinct “infirmery, or sick ward for each sex, with nurses’ rooms attached,” formed part of the plan publicly announced, although (for what reason does not appear) this has not, up to the present time,* been carried out. . . .

The Commissioners proceed to recommend changes simply involving the application of principles which had, twenty years before, been proved by experiment to lie beyond question:—

When to the medical and moral treatment of the patients are added the multifarious duties comprised under the terms “general management and superintendence”—duties which have been found by experience to be in general most conveniently attached to the office of the resident medical officer—it will readily be conceded that, in an hospital of the size and character of Bethlehem, these labours are far too onerous to be adequately performed by a single individual. . . .

The proper discharge of such duties would, we conceive, furnish ample employment for at least two resident medical officers. *The principal medical officer, in his capacity of general superintendent, should be invested with paramount authority within the hospital, and be responsible for the whole of its internal management; and to him the rest of the medical staff, the matron, and the inferior officers and attendants, should be subordinate. . . .* The existing plan of having visiting physicians, between whom the medical care of the patients is now nominally divided, in our opinion encourages carelessness and destroys responsibility. . . .

In evidence before this Commission the following facts, as regards the *personnel* of the medical staff, came out:—Dr. Edward Thomas Monro had in July, 1851, been visiting physician to the institution thirty-five years. He was appointed in 1816, the year following the removal to the present site. Sir Alexander Morison had been visiting physician between seventeen and eighteen years, having held office since 1834. Dr. Wood, the resident apothecary, had been in the institution six years, from 1845.

The general conclusion of the Committee of 1851 was “that the management and condition of Bethlehem Hospital are in many material respects most unsatisfactory, both in reference to the purposes for which it was founded, and the very large funds by which it is maintained.” The evidence would have warranted a far stronger expression of opinion; and the observations of Dr. Wood, embodied in a letter addressed to the Right Honourable S. H. Walpole, reveal a commingling of self-confidence and misconception on the part of the board of governors of Bethlem, which, as far as I am aware, has no parallel in the history of visiting committees asserting administrative authority and attempting to discharge purely medical functions in the management of the insane.

Immediately after the report of the Commissioners in Lunacy “on the state and management of Bethlem” in 1852, the governors determined upon certain changes in the medical staff, which, as admitted in a rejoinder

* Nor as yet, 1876.

to the report, signed by Mr. P. Laurie, president, and J. S. Johnson, treasurer, coincided with the recommendations of the Commissioners. In a communication dated May 7, 1852, and addressed to the physicians, Dr. Edward Thomas Monro and Sir Alexander Johnson, and the resident apothecary, Dr. Wood, the secretary acquainted the medical officers that "a resident physician and a medical superintendent" would be appointed. Dr. W. C. Hood, previously resident medical officer at Colney Hatch, was elected, and removed to Bethlehem in June, 1852 (see page 193). He was appointed "resident physician," and entered on his work with an enlightened energy which rescued the institution from the brooding influences of routine, gave it a fresh impetus, and carried it successfully through ten years of progressive usefulness and general improvement. Mr. Helps, a pupil of the hospital, became resident apothecary July 13th, the same year.

In their report to the Lord Chancellor, March 31, 1854, the Commissioners say:—The whole system of the establishment has been revised, and the management placed under the resident physician, Dr. Hood, who is invested with paramount authority." The same report records that "Bethlehem Hospital has, by the Act 16 and 17 Vict. c. 96, been placed under the jurisdiction of the board, and has been duly registered as an hospital accordingly."

The ninth report of the Commissioners (March 31, 1855) contains the following:—

The first visitation of Bethlehem Hospital under the statute was made on the 6th of February, 1854, and we were much gratified to find that many important improvements had taken place since the hospital was visited by order of the Secretary of State in 1851, and that others were in progress. The paramount authority judiciously vested in Dr. Hood appeared to the visiting Commissioners productive of much good, and they therefore purposely refrained on that occasion from making suggestions which might have had the effect or appearance of interfering with arrangements then under consideration.

The *tenth report* (dated March 31, 1856) is equally satisfactory. The *eleventh*, which reverts to the chief, or only, complaint made by the Commissioners in their two last reports, namely, the crowded and unorganized condition and structural defects of the wards appropriated to criminals, contains the announcement that Government had at length resolved to provide a new state asylum for 600 criminal lunatics, which would have the effect of removing this difficulty.

Nothing of moment appeared in the reports of the Commissioners from this date until the *fifteenth*, presented March 31, 1861, which contains the following summary:—

Bethlehem Hospital is situated in the parish of St. George in Southwark, and is connected with the reformatory hospital of Bridewell, both of which, with their revenues, were granted to the corporation of the city of London. They are nominally under the direction of a large body of governors, out of whom a managing committee (42 in number) are chosen yearly.

The revenues of the charity are very large, amounting to about the sum of £17,000 yearly; besides which, £3000 per annum is paid by Government for criminal lunatics.

The number of lunatics in this hospital has generally been 350 and 400, consisting of incurable, curable, and criminal cases, the number of each varying from time to time. The incurable patients consist of persons who were formerly on the curable list, but have been discharged not cured. The curable patients are those who are supposed to be capable of cure. . . .

On the hospital being visited on the 10th of June, 1859, it was found to contain 356 patients. The rooms and bedding were clean and in good order, and the upper galleries cheerful and complete; but the lower wards, although clean, were, from their structure and arrangements, cheerless and ill-adapted to the treatment of recent and curable cases. . . .

Upwards of 100 patients of both sexes were in the habit of assembling at the monthly evening parties in the recreation-room. The Commissioners suggested that the orderly patients (criminal and others) shall be allowed to sit up beyond eight o'clock. . . .

On the 16th of November, 1860, the patients in this institution were 349 in number, besides seven who were absent on leave. It then appeared that the lower wards had been recently improved by additional decorations and objects of interest. . . .

In 1862 Dr. Hood was succeeded by Dr. Helps, who died November 7, 1865. Dr. Rhys Williams was appointed, and still holds office.

The medical history of Bethlem during the last ten years is one of exceeding interest. It would be difficult to give a satisfactory summary of the work done, and I will not attempt it. The treatment has been advanced and progressive, gradually developing to a point at which it realizes the idea of an hospital. There is only one other institution with which I am acquainted that presents an equal claim to the notice of the profession. I allude to the West Riding Asylum at Wakefield, which, under the enterprising direction of Dr. Crichton Browne, has achieved a high reputation in the care and scientific treatment of the insane.

Reviewing the impressions received, and examining at leisure the reports of this institution, Bethlem, with the exception I have named, undoubtedly stands, as it should, at the head of curative establishments, if not for results, certainly for practice; and it has never reached a higher status, or been more prosperous, than under the able administrative control of Dr. Rhys Williams, supported by the zealous clinical and scientific research of Dr. Savage, whose interesting records of cases in the institution are now, I regret to find, enriching the volumes of Guy's Hospital Reports, instead of asserting for the Royal Hospital of Bethlem its just and increasing claim on the respect and confidence of the profession as a school of mental disease and physio-psychological medicine.

STATISTICAL TABLES.

The tabular summary annexed has not been carried back further than the ten years covered by *The Lancet* inquiry. Many particulars relating to an earlier date will be found cited in pages 304-12. The figures in columns for comparison are those of the Registered Hospitals [see notes pp. 70-74].

THE CARE AND CURE OF THE INSANE.

STATISTICS OF ASYLUM POPULATION, BETHLEM ROYAL HOSPITAL.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE HOSPITAL.			Discharged unit, or from other cause.	
	Males.	Femls.	Total.	Deemed curable on admission.	Transferred from other asylums.	Relapsed cases re-admitted.				Males.	Femls.	Total.	Six months, or less.	Between Six and twelve months.	Twelve months and upwards.		
1865	83	102	185	185*	...	...	446	255	172	40	60	100	36	50	14	9	
1866	80	107	187	187	...	...	464	254	169	49	70	119	54	36	29	9	
1867	83	121	204	204	...	...	452	242	162	35	73	108	51	39	18	10	
1868	78	131	209	208	...	...	447	244	158	33	67	100	53	36	11	12	
1869	100	140	240	235	20	42	486	253	170	34	78	112	65	32	15	11	
1870	103	132	235	233	48	43	501	266	164	40	76	116	60	40	16	16	
1871	62	117	179	179	14	17	437	242	151	35	72	107	45	49	13	9	
1872	79	112	191	187	19	24	432	232	146	29	56	85	40	32	13	35	
1873	89	119	208	207	11	23	458	237	137	31	78	109	47	40	22	26	
1874	95	141	236	232	16	22	476	242	132	41	87	128	68	46	14	19	
Gross number or proportion.	85'2	122'2	207'4	205'7	...	...	2335	...	...	36'7	71'7	108'4	51'9	40'0	16'5	15'6	
Average number or proportion.	85'2	122'2	207'4	205'7	21'3	28'5	460	247	156	36'7	71'7	108'4	51'9	40'0	16'5	15'6	
<i>Abstract of the above particulars for the</i>																	
Gross number or proportion.	42'4	60'1	102'5	101'9	...	...	1286	...	...	19'1	34'8	53'9	25'9	19'3	8'7	5'1	
Average number or proportion.	84'8	120'2	205'0	203'8	...	...	459	250	166	38'2	69'6	107'8	51'8	38'6	17'4	10'2	
<i>Abstract of the above particulars for the</i>																	
Gross number or proportion.	42'8	62'1	104'9	103'8	10'8	12'9	1315	...	...	17'6	36'9	54'5	26'0	20'7	7'8	10'5	
Average number or proportion.	85'6	124'2	209'8	207'6	21'6	25'8	461	244	146	35'2	73'8	109'0	52'0	41'4	15'6	21'0	

* The figures in this column are the numbers "admitted as curable," in conformity with the rule of the hospital, specified in the reports. In the earlier tables, relating to county and borough asylums, the number of cases "deemed

STATISTICS OF ASYLUM POPULATION, BETHLEM ROYAL HOSPITAL.

DISCHARGED.													CASES REMAINING ON DECEMBER 31ST.				Year.
Dis- charged un- cured at end of twelve months.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE HOSPITAL.			ASSIGNED CAUSE.					Total num- ber.	Deemed curable.	Propor- tion per cent. of cases Deemed curable on Total number remain- ing.	Propor- tion per cent. of cases Deemed curable in Registered Hos- pitals gener- ally.		
	Males.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	Be- tween one and two years.	General Para- lysis.	Epi- lepsy.	Pul- monary Phthi- sis.	Suicide or Acci- dent.	Other Causes.						
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.		
38	10	12	22	16	1	5	2	—	2	1	17	277	217	78'34	19'47	1865	
69	11	8	19	9	5	5	4	1	1	—	13	248	190	76'61	17'64	1866	
67	18	11	29	18	—	11	7	—	4	1	17	238	182	76'47	17'09	1867	
66	14	9	23	11	3	9	7	—	1	1	14	246	190	77'24	16'11	1868	
69	11	17	28	12	7	9	2	—	10	—	16	266	210	78'95	18'40	1869	
79	24	8	32	16	10	6	7	—	5	1	19	258	202	78'29	19'58	1870	
64	8	8	16	7	7	2	5	1	—	—	10	241	185	76'76	16'67	1871	
55	12	12	24	14	5	5	5	3	2	2	12	250	194	77'60	17'86	1872	
64	11	8	19	9	3	7	5	2	—	2	10	240	184	76'67	17'53	1873	
54	13	13	26	12	5	9	3	2	5	—	16	249	194	77'91	16'92	1874	
625	132	106	238	124	46	68	47	9	30	8	144	...	...	..	...	Gross number or pro- portion.
62'5	13'2	10'6	23'8	12'4	4'6	6'8	4'7	0'9	3'0	0'8	14'4	251	195	77'48	17'73	Average number or pro- portion.	
five years 1865 to 1869 inclusive.																	
309	64	57	121	66	16	39	22	1	18	3	77	...	...	...	...	Gross number or pro- portion.
61'8	12'8	11'4	24'2	13'2	3'2	7'8	4'4	0'2	3'6	0'6	15'4	255	198	77'52	17'74	Average number or pro- portion.	
five years 1870 to 1874 inclusive.																	
316	68	49	117	58	30	29	25	8	12	5	67	...	...	...	...	Gross number or pro- portion.
63'2	13'6	9'8	23'4	11'6	6'0	5'8	5'0	1'6	2'4	1'0	13'4	248	192	77'45	17'71	Average number or pro- portion.	

curable on admission" has been estimated by adding the "recoveries" in a year to the cases "deemed curable" remaining at the close of that year, and then deducting the "deemed curable" which were left over from the previous year.

THE CARE AND CURE OF THE INSANE.

COMPARATIVE TABLE OF FACTS, BETHLEM ROYAL HOSPITAL.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				Average age at admission.	SEX.				Average age at recovery.	SEX.				Average age at death.	
	Proportion per cent. of the Sexes in this Hospital.		Proportion per cent. of the Sexes in Registered Hospitals generally.			Proportion per cent. of the Sexes in this Hospital.		Proportion per cent. of the Sexes in Registered Hospitals generally.			Proportion per cent. of the Sexes in this Hospital.		Proportion per cent. of the Sexes in Registered Hospitals generally.			
Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.	Males.	Femls.			
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1865	44'86	55'14	48'45	51'55	38'0	40'00	60'00	40'83	59'17	33'4	45'45	54'55	58'52	41'48	46'4	26'18
1866	42'78	57'22	46'48	53'52	36'5	41'18	58'82	38'56	61'44	36'8	57'89	42'11	61'02	38'98	51'4	29'46
1867	40'69	59'31	46'57	53'43	34'3	32'41	67'59	36'81	63'19	31'1	62'07	37'93	56'77	43'23	41'6	27'41
1868	37'32	62'68	46'51	53'49	37'3	33'00	67'00	39'00	61'00	36'1	60'87	39'13	58'05	41'95	45'8	25'64
1869	41'67	58'33	45'58	54'42	33'5	30'36	69'64	38'75	61'25	32'3	39'29	60'71	60'09	39'91	38'9	26'33
1870	43'83	56'17	49'71	50'29	33'0	34'48	65'52	41'81	58'19	29'4	75'00	25'00	61'27	38'73	36'1	26'19
1871	34'64	65'36	53'35	46'65	32'3	32'71	67'29	41'16	58'84	33'7	50'00	50'00	64'44	35'56	44'4	28'08
1872	41'36	58'64	49'84	50'16	30'2	34'12	65'88	41'96	58'04	27'9	50'00	50'00	53'57	46'43	43'8	22'85
1873	42'79	57'21	47'42	52'58	35'6	28'44	71'56	37'43	62'57	36'2	57'89	42'11	58'79	41'21	49'1	27'18
1874	40'25	59'75	49'50	50'50	36'3	32'03	67'97	38'27	61'73	34'6	50'00	50'00	63'59	36'41	42'7	30'77
Gross number or proportion.	41'08	58'92	48'38	51'62	...	33'86	66'14	39'39	60'61	...	55'46	44'54	59'69	40'31	...	...
Average number or proportion.	41'02	58'98	48'34	51'66	34'7	33'87	66'13	39'46	60'54	33'2	54'85	45'15	59'61	40'39	44'0	27'01
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	41'37	58'63	46'69	53'31	...	35'44	64'56	38'76	61'24	...	52'89	47'11	58'91	41'09	...	...
Average number or proportion.	41'46	58'54	46'72	53'28	35'9	35'39	64'61	38'79	61'21	33'9	53'11	46'89	58'89	41'11	44'8	27'01
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	40'80	59'20	49'86	50'14	...	32'29	67'71	40'00	60'00	...	58'12	41'88	60'48	39'52	...	...
Average number or proportion.	40'57	59'43	49'96	50'04	33'5	32'36	67'64	40'13	59'87	32'4	56'58	43'42	60'33	39'67	43'2	27'01

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv. *ibid.*]. If the calculation had been made upon bases obtained by the method employed in estimating the number of cases "deemed curable on admission" for county and borough asylums (see note, p. 300), the average annual proportion in this column (xvi.), for the ten years, would have been 35'71, instead of 27'01, as above; for the five years 1865-9, 35'31; and for the period 1870-4, 36'11.

COMPARATIVE TABLE OF RESULTS, BETHLEM HOSPITAL.

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in Registered Hospitals generally.	Proportion per cent. on Average number resident in each year.	Proportion per cent. on Average number resident in each year in Registered Hospitals generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in R. Hospitals generally.	Proportion per cent. on Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in R. Hospitals generally.	Proportion per cent. on cases admitted.	Proportion per cent. on Total number under treatment in each year in Registered Hospitals generally.	Proportion per cent. on Total number under treatment in each year in Registered Hospitals generally.	Proportion per cent. on Average number resident in each year in Registered Hospitals generally.	Proportion per cent. on Average number resident in each year in Registered Hospitals generally.	Proportion per cent. on Average number resident in each year in Registered Hospitals generally.	Proportion per cent. on Average number resident in each year in Registered Hospitals generally.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1865	54'05	37'24	22'42	9'78	39'22	13'11	...	...	...	...	11'89	22'68	4'93	5'96	8'63	7'99
1866	63'64	48'96	25'65	12'40	46'85	16'92	...	...	...	...	10'16	23'05	4'09	5'84	7'48	7'97
1867	52'94	37'62	23'89	10'13	44'63	13'71	...	...	...	...	14'22	23'53	6'42	6'33	11'98	8'57
1868	47'85	36'72	22'37	9'68	40'98	12'97	...	...	...	...	11'00	21'30	5'15	5'61	9'43	7'52
1869	46'67	36'74	23'05	9'93	44'27	13'71	30'43	29'82	37'50	41'56	11'67	24'45	5'76	6'61	11'07	9'13
1870	49'36	40'09	23'15	10'61	43'61	14'49	32'77	31'26	37'07	34'80	13'62	20'28	6'39	5'37	12'03	7'33
1871	59'78	37'20	24'49	9'64	44'21	12'92	30'57	27'00	15'89	32'15	8'94	21'53	3'66	5'58	6'61	7'48
1872	44'50	30'99	19'68	8'41	36'64	11'26	25'53	24'66	28'24	38'11	12'57	18'20	5'56	4'94	10'34	6'61
1873	52'40	33'84	23'80	9'19	45'09	12'57	29'62	26'42	21'10	29'94	9'13	20'16	4'15	5'47	8'02	7'49
1874	54'24	39'04	26'89	10'38	52'89	14'10	33'51	29'97	17'19	28'32	11'02	20'52	5'46	5'46	10'74	7'41
Gross number or proportion.	52'27	37'65	46'42	30'08	...	...	...	...	...	...	11'48	21'48	10'19	17'16	...	...
Average number or proportion.	52'54	37'84	23'54	10'02	43'93	13'58	30'41	28'19	26'17	34'15	11'42	21'57	5'16	5'72	9'63	7'75
<i>Abstract of the above particulars for the five years 1865 to 1869 inclusive.</i>																
Gross number or proportion.	52'59	39'33	41'91	25'57	...	...	...	...	...	...	11'80	23'02	9'41	14'97	...	...
Average number or proportion.	53'03	39'46	23'48	10'38	43'19	14'08	...	...	...	...	11'79	23'00	5'27	6'07	9'72	8'24
<i>Abstract of the above particulars for the five years 1870 to 1874 inclusive.</i>																
Gross number or proportion.	51'95	36'17	41'44	23'88	...	...	...	...	...	...	11'15	20'12	8'90	13'28	...	...
Average number or proportion.	52'06	36'23	23'60	9'65	44'67	13'07	30'40	27'86	23'90	32'66	11'06	20'14	5'04	5'36	9'55	7'26

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

From the "Observations" of Dr. Monro, sometime physician to Bethlem Hospital, upon the evidence taken before the Committee of 1815, I take the following :—

. . . . The whole number of patients admitted during the three years ending on the 1st of January, 1816, amounts to 293; and the number of those who were discharged cured, during the same period, to 119. The number of admissions at St. Luke's during three years ending January 1st, 1814, as appears by the returns delivered in to the Committee of the House of Commons, was 870; and the cures 358;—so that the proportion of cures in each hospital is as near as possible two-fifths of the gross number of admissions; exceeding somewhat that of the hospital of Charentin, in France, estimated, in a treatise above alluded to, at about a third.

The report of this institution for 1875, summarizing results to December 31st of that year, contains the following :—

TOTAL NUMBER OF CURABLE PATIENTS ADMITTED INTO BETHLEM IN ONE HUNDRED YEARS, ENDING THE 31ST OF DECEMBER, 1875, WITH THE AMOUNT OF CURES AND DEATHS.

Total Number of Patients Admitted.	Discharged Cured.	Died.
19,768	9031, or 45'68 per cent.	1336 or 6'75 per cent.

Dr. John Webster read a paper before the Royal Medico-Chirurgical Society, June 27, 1843, in which I find the following retrospect :—

According to the ancient records, fortunately still preserved in the archives of Bethlem Hospital, it appears that 22,897 insane patients, exclusive of incurable and criminal lunatics, have been admitted into the above asylum since the year 1683. . . . Owing to defects in some of the official registers of the institution, the exact number of patients discharged cured from Old Bedlam, and the amount of deaths which took place in one or two of the years prior to 1748, could not be accurately ascertained, and are therefore given from a comparison with the results of subsequent years. Still the numbers of admissions reported are correct, as well as every other particular in these tables; and as the returns are all taken from authentic public documents, and drawn up without reference to any preconceived theory, they become the more valuable.

TABLE EXHIBITING THE TOTAL NUMBER OF LUNATIC PATIENTS ADMITTED INTO BETHLEM HOSPITAL, DISCHARGED CURED, OR DIED, DURING FIVE DIFFERENT PERIODS OF TWENTY YEARS EACH, ENDING 31ST OF DECEMBER RESPECTIVELY.

In Twenty years ending	Number Admitted.	Number Cured.	Number Died.
1762	3286	1069, or 32½ per cent.	714, or 21½ per cent.
1782	3945	1366, or 34½ per cent.	560, or 13½ per cent.
1802	3906	1379, or 35½ per cent.	203, or 5½ per cent.
1822	2149	892, or 41½ per cent.	111, or 5½ per cent.
1842	4404	2269, or 51½ per cent.	224, or 5½ per cent.
Totals	17,690	6975, or 39½ per cent.	1812, or 10½ per cent.

Dr. Webster notes the "uniformly increasing proportion of patients

discharged cured from Bethlem Hospital, as well as the diminished ratio of mortality." He gives the following :—

	Admitted.	Cured.	Died.
In 1750-51-52	462	145, or 31½ per cent.	118, or 25½ per cent.
In 1840-41-42	897	492, or near 55 per cent. ...	51, or 5½ per cent.

Also, to illustrate the distribution in sexes, he prints a table of curable cases admitted during the twenty years ending December 31st, 1842 :—

Admitted.		Cured.		Died.	
M.	F.	M.	F.	M.	F.
1782	2622	823	1446	112	112
or		or		or	
47 per cent. more females than males.		46½ per cent.		6½ per cent.	
		55½ per cent.		4½ per cent.	

Sir Alexander Morison, M.D., in his "Outlines of Lectures on the Nature, Causes, and Treatment of Insanity" (edited by T. C. Morison, 1848), gives a statistical summary :—

ANNUAL ADMISSIONS, CURES, AND DEATHS OF CURABLE PATIENTS, IN
BETHLEHEM HOSPITAL, FROM 1820 TO 1846, INCLUSIVE.

YEAR.	ADMITTED.			CURED.			DIED.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1820	56	68	124	26	34	60	2	2	4
1821	58	77	135	22	21	43	1	5	6
1822	55	110	165	22	44	66	5	6	11
1823	57	88	145	21	51	72	4	1	5
1824	65	90	155	23	36	59	1	5	6
1825	72	98	170	30	40	70	6	6	12
1826	67	95	162	24	46	70	1	5	6
1827	64	85	149	26	38	64	6	3	9
1828	87	117	204	43	68	111	5	1	6
1829	78	117	195	56	70	126	6	4	10
1830	83	118	201	36	74	110	2	4	6
1831	81	131	212	35	63	98	5	1	6
1832	62	101	163	23	69	92	2	3	5
1833	61	123	184	25	55	80	1	4	5
1834	102	116	218	49	65	114	8	2	10
1835	111	145	256	36	74	110	5	8	13
1836	109	144	253	50	85	135	9	11	20
1837	119	177	296	61	94	155	9	8	17
1838	107	163	270	58	120	178	6	9	15
1839	104	181	285	54	83	137	9	8	17
1840	127	181	308	72	108	180	4	8	12
1841	101	165	266	58	99	157	13	11	24
1842	127	195	322	57	105	162	8	7	15
1843	109	175	284	56	103	159	8	11	19
1844	118	168	286	58	70	128	6	13	19
1845	110	205	315	62	118	180	8	7	15
1846	125	168	293	66	95	161	2	4	6
	2415	3601	6016	1149	1928	3077	142	157	299
				or	or	or	or	or	or
	Excess of Females over Males, 49'11 per cent.			47'57	53'39	51'14	5'87	4'35	4'97
				per cent.	per cent.	per cent.	per cent.	per cent.	per cent.

On the important subject of duration or length of treatment in cases resulting in recovery, Sir Alexander Morison makes the following observation :—

With regard to the mean time in which a cure of insanity takes place, much diversity of opinion exists. Thus, according to Pinel, the greater number of cures is effected in six months, while another great authority, Esquirol, thinks we may extend it to twelve months, stating that nearly as many have been cured in the second year of the disease as in the first. In this, however, I do not agree with him, for in my own practice I have found the greater number of cures to be effected within three to nine months of the period of accession of the disease ; and that, in recent cases, the proportion of recoveries within the first six months is greater than all the rest put together.

Dr. Thurnam, in his "Statistics of Insanity," published in 1845, gives the following analysis of "curable cases" for the thirteen years 1827-39 :—

Proportion of Recoveries per cent. of the Admissions.		Mean Annual Mortality per cent. Resident.	
Males.	Females.	Males.	Females.
46'66	56'29	14'07	8'23

In reference to age he compiles this table—

PROPORTION OF RECOVERIES PER CENT. ON THE ADMISSIONS AT
DIFFERENT AGES.

Age.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70-80.	80-90.	All ages.
Bethlem, } 1784-94 }	69'0 ...	41'0 ...	34'2 ...	24'0 ...	17'5 ...	13'0 ...	— ...	— ...	34'5

The probability of recovery is greatest in the young, and undergoes a very regular diminution as age advances. . . . On the other hand, the mortality of the insane increases, in proportion to the age, much more rapidly than is the case in the general population.

On the effects of the rule Dr. Thurnam says :—

In Bethlem and St. Luke's Hospitals, all cases of more than twelve months' duration, being considered incurable, are, we have seen, inadmissible by the rules of these institutions, *which is another reason why the aggregate results of treatment in these hospitals should contrast very favourably with those of asylums having no such regulations.*

Dr. Thurnam calculated the average duration of residence in "curable" cases as "a little more than half a year ('57) at Bethlem, and two-thirds of a year ('68) at St. Luke's."

The following is from a paper on the "Statistics of the Parish of St. George the Martyr, Southwark," by the Rev. George Weight, F.R.A.S., F.S.S., read before the Statistical Society of London, 20th January, 1840. The extract relates to the subject of age :—

The average age of curable patients admitted in the five years from 1830 to 1834 was as follows : in 1830 and 1832, 37 years ; in 1833-4, 36 years ; and in 1831, 35 years.

Dr. W. Charles Hood, sometime resident physician of Bethlem Hospital, in his "Decennial Report," dated November, 1856, reviews the

statistics of this institution from 1846 to 1855, inclusive. Among the more notable of his computations are those printed below :—

PATIENTS ADMITTED AS CURABLE, FROM 1846 TO 1855, INCLUSIVE.

	ADMITTED.			DISCHARGED.							
				Cured.				Died.			
	M.	F.	Total.	M.	F.	Total.	Per cent.	M.	F.	Total.	Per ct.
1846	125	168	293	66	95	161	54'95	3	7	10	3'41
1847	124	190	314	68	107	175	55'73	3	9	12	3'82
1848	118	188	306	74	82	156	50'98	2	9	11	3'59
1849	124	192	316	66	106	172	54'43	6	12	18	5'69
1850	135	209	344	74	123	197	57'26	20	11	31	9'01
1851	112	174	286	51	69	120	42'03	9	17	26	9'09
1852	101	167	268	49	94	143	53'35	15	12	27	10'07
1853	72	128	200	38	75	113	56'05	9	7	16	8'00
1854	77	110	187	40	70	110	59'35	4	7	11	5'87
1855	78	137	215	48	84	132	61'68	5	7	12	5'06
	1066	1663	2729	574	905	1479	54'19	76	98	174	6'37

As Dr. Hood remarks, "To make this table complete . . . it ought to contain the number and percentage of those discharged uncured."

AGGREGATE OF THE HUNDRED YEARS ENDING 31ST DECEMBER, 1855.

Admitted.	Cured.	Per cent.	Died.	Per cent.
19,373	8341	43'05	1603	8'27

The following passage is important :—

On the authority of Stow,* who derived his information from Dr. Tyson, the

* Dr. Hood takes this from Prichard, who apparently quotes from Burrows. In the "Inquiry" dated 1820, Dr. Burrows (at page 20) gives a table headed "A Comparative View of the Cures of Insanity in different Institutions for Lunatics." I reproduce the following :—

	Aggregate of cases.	Centesimal proportions—Recent & old cases.
Bethlem (London), cured and discharged, 1684 to 1703	1,294	69
Ditto ditto 1748 to 1784	8,874	29
Ditto ditto 1784 to 1794	1,664	34
Ditto ditto 1799 to 1814	4,830	39
Ditto Treatment completed, 1817 to 1820	364	54
St. Luke's (London) ditto 1751 to 1819	10,641	48
Ditto ditto 1751 to 1800	5,735	49
Ditto ditto 1800 to 1819	4,906	46

The passage which Dr. Hood derives through Prichard stands at page 34 of Dr. Burrows's work, as follows :—"Contrasting the proportion of cures of the present time with that almost a century and a half ago, it is not a little perplexing to account for the ratio in Bethlem Hospital having actually retrograded. The earliest records of this institution offer evidence which, if accurate, proves the proportion of cures originally exceeded that at any intervening period between 1748 and 1817. Stow brags, on the authority of Dr. Tyson, who was, I believe, its first physician, that two out of three lunatics had been cured. It certainly appears from the annual reports that the number of cures and discharges from 1684 to 1707

physician to that hospital at that time, 1294 patients were admitted between the years 1684 and 1703; and of these, 890, or about two in three, were cured. But between the years 1784 and 1794, when 1664 patients were admitted, the number of recoveries was 574, or only a little more than one in three. We next learn, from a report which Dr. Prichard obtained from Mr. Lawrence ("A Treatise on Insanity," 1835, p. 141), that the number of recoveries *increased* after the hospital was removed to its present site. This report extends from 1819 to 1833. During this period 2445 patients were admitted; and 1124, one in a little more than two, were discharged cured.*

In speaking of the recoveries in Bethlem Hospital, and comparing them with the recoveries occurring elsewhere, it is necessary to bear in mind the particular rules of the institution, which are peculiar to it and St. Luke's. These regulations render ineligible all applicants who have been insane for more than twelve months; all who are afflicted with paralysis, epilepsy, or any other form of convulsive disease; all who have been discharged, *uncured*, from other hospitals; and all aged and weak persons, and pregnant women. In addition to which those who have not recovered at the expiration of a year after admission are dismissed. Rules so stringent must have considerable influence upon the number of recoveries and deaths, and it is interesting to inquire what that influence may be. At first it might be supposed that the number of recoveries ought to be increased by leaving out unsatisfactory and hopeless cases; but, on the other hand, many additional recoveries would undoubtedly be recorded if the uncured patients were not discharged at the end of twelve months; the effect, therefore, of the rules of this hospital upon these statistics is not all evident. . . .

Dr. Hood gives a table embodying the experience of the Salpêtrière, during ten years, under Esquirol. This shows that—

Of 2005 patients, who agreed in nothing except in being cases which were

was seven and twenty per cent. more than the *cures* and *discharges* from 1799 to 1814. The cause of this retrogression, though curious and worthy of inquiry, is not the present subject. But the fact of so large a number being cured, though, according to Dr. Tyson, most of them had been under treatment before they were admitted, and when the exceptions were not so numerous or strict as at present, is remarkable, and seems to evince that, even where many of the cases must have been of considerable duration before the aids of the hospital were applied, insanity was, under the original system pursued, cured in very high proportion. This evidence is the more important since it is half a century anterior to any quoted, either of this or any other lunatic institution. Surely, therefore, *had not this statement escaped observation, it might have been accepted as a proof that mental derangement was more amenable to treatment than has been alleged; and likewise that the recoveries were in a ratio, considering the then state of medical knowledge, surpassing perhaps that of most other diseases.*" This is an important passage, and entirely borne out by my general impression after studying the history of lunacy practice for a lengthened period somewhat carefully and closely.

* The table given by Prichard in his "Treatise" supplies the figures for each year. The following are the totals for the period 1819-33:—Admissions, 2445. Discharges—cured, 1124; uncured, 643; by request of friends, 70; improper objects, 385. Died, 99. Remaining, 124. From these data we may compute the following percentages: Cures to admissions, 46·0; deaths to admissions, 4·0.

presumed to be curable, 604 recovered during the first year, 497 in the second year, 71 in the third, and 46 in the seven succeeding years. The numbers cured in the second year, as compared with those in the first year, are nearly as five to six; sometimes even more patients were cured in the second year than in the first.

He concludes "it is at once evident the number of recoveries must be greatly affected by a rule which limits the time of recovery to a single year," and continues:—

It is not easy to estimate how much the hospital gains in the number of recoveries from the rules which exclude complicated and incurable cases; but we learn from Esquirol that 795 incurable cases, or cases considered as incurable, were admitted, between 1804 and 1813, into the Salpêtrière, which is open to all classes of patients; and that during the same period, 2005 patients were admitted as curable, of whom 1218 were cured. Of these 1218 patients, 604 were cured in the first year, and 614 in subsequent years. In order, therefore, to arrive at any conclusion as to the influence of the rules of Bethlem upon the number of recoveries in that institution, it is necessary to compare the number of cases which are not affected in consequence of the rule which limits the time of residence to one year, with the number of incurable or doubtful cases which, by other rules, are excluded. These, taking the experience of the Salpêtrière as a basis of calculation, will bear the proportion of 614 to 795; hence it appears that the increased chances of recovery by extending the time of residence are not quite equal to the number of doubtful or incurable cases which are excluded by the rules. *The number of recoveries in Bethlem are therefore somewhat augmented by the rules as they at present stand.*

After discussing the rate of mortality, which he held to be affected unfavourably by the rule, "for assuredly more patients die in the earlier than in the later stages of the malady, when the disease has become chronic," Dr. Hood concludes—

... We have no reason for dissatisfaction, when we find the recoveries varying so high as 54·19 per cent. and the deaths so low as 6·37; on the contrary, there is much reason for congratulation in the fact that *the aggregate experience of the hundred years ending the 31st December, 1855, represents the cures as 43·05 per cent., and the deaths as 8·27 per cent.*

The following are his general conclusions as to the effect of age:—

... The recoveries under 25 amount to about three-fifths of the admissions, and to about one-half between 30 and 65, if we neglect certain inconsiderable fluctuations. After 65, as might be expected, the recoveries are greatly diminished, being about one-seventh.

... The mortality, as a rule, increases rapidly with the age. Under 20 it is 4·8 per cent.; between 20 and 25, 2·5 per cent.; between 25 and 30, 3·9 per cent.; between 30 and 35, 4·5 per cent.; between 35 and 40, 8·4 per cent.; between 40 and 45, 5·6 per cent.; between 45 and 50, 7·8 per cent.; between 50 and 55, 7·8 per cent.; between 55 and 60, 8·1 per cent.; and above 60, 16·9 per cent. The mortality, as a rule, increases with the age; but under 20 it is higher than in the decennium following, and between 35 and 40 it is much higher than in the years immediately preceding and following; a curious fact, which cannot be easily explained.

On the subject of sex Dr. Hood remarks :—

The influence of sex upon recovery is supposed to be *very* marked ; and it is generally agreed that the probability of recovery is *much* greater in women than in men. But this is not the conclusion which is to be drawn from the experience of Bethlem during the ten years under consideration, for this experience shows that 905 out of 1663, or 54·4 per cent., recover among the women, and 574 in 1066, or 53·8 per cent., among the men—a difference in favour of the women, it is true, but far more inconsiderable than that which is usually supposed to exist.

On the other hand, it is admitted that insanity is much more likely to end in *death* in men than in women. The mortality among men, indeed, has been supposed to be nearly double that among women ; and this is a very remarkable fact, for the excess in the general mortality is not more than 5 or 6 per cent. on the side of the males. In our own tables the mortality among the men is considerably higher than among the women, but not to the extent of being double. It is 7·3 per cent. among the men, and 5·8 per cent. among the women.

In a recent paper which appeared in the Guy's Hospital Reports, "Considerations on the Cures in Insanity," Dr. Savage, the assistant physician, makes the following interesting retrospect of the years 1865-74 :—

... During the last ten years 852 male and 1222 female patients have been admitted, making a total of 2074 ; during that time 367 male and 717 female patients were discharged cured, making a total of cures of 1084. This is 43 per cent. of cures on the male admissions and 58·67 on the female admissions.

I have compared the cures with the admissions, as that seems to be the most trustworthy method if a term of years be taken. The percentage is higher than is usual in tables of cures in insanity from the fact that, the institution being rather an hospital than an asylum, we are enabled to select our cases. Taking single years the percentage has been much higher than the above ; thus in 1873 we had a total of 55 per cent. of cures male and female, and in 1874 we had a total of 65·5. We see that more females are cured than males, and we shall refer to this again, at present merely observing that in the ordinary way one-third of asylum cases get well enough to be sent home.

We next have to look at the ratio of cures in several forms of insanity. We shall have to consider these more fully later, and point out differences or sub-classes in the groups of cases. We shall only take the percentage of cures during ten years among the cases of mental exaltation and those of mental depression. Taking the male and female cases together, I find that 59·57 per cent. recovered of those suffering from mania, and 56·66 per cent. of those who were melancholic.

The difference is less than I expected. My general impression was that we had a much greater percentage of maniacal cases cured, but the fact that the cure in melancholia is a slower process may account for a false impression.

In other forms, such as acute primary dementia, I have not trustworthy statistics for above three years, and we have had comparatively few cases, but the percentage of cures was as high as 56 in one year. Most of our acute cases of primary dementia were connected with pregnancy, and on that account were favourable. Besides these, we have had several young cases due to shock, who have done well.

Cases of illusionary insanity are unfavourable, nearly all cases of epileptic insanity are unfavourable, and all cases of progressive general paralysis end fatally sooner or later.

It is to be observed that cases get well in much larger proportion if they have been sent to an asylum early. This is a most vital point, and one that we are never tired of bringing before the public and the general practitioner. It is false economy—if done for economy—to keep a patient in a workhouse or at his private house when he is distinctly insane.

My experience completely corroborates that of Dr. D. H. Tuke, at "The Retreat," that over 70 per cent. of cases admitted within three months of the first attack get well, whereas of sufferers from a first or other attack admitted to asylum treatment twelve months after the onset not 20 per cent. get well. . . .

We have found it necessary constantly to refer to the influence of hereditary taint on the prognosis, general and special, and I only think it requisite to give the statistics from the last 600 admissions into Bethlem. Of these, 248 were males and 352 females.

Of the males, 85 were known to have had near relations insane, that is, over 34 per cent., and among the women 140 owned to insane relationships, that is, rather over 39 per cent.

The more carefully the history is taken the larger is the proportion found of patients that have the insane inheritance. . . .

Of our 2074 cases admitted during the last ten years we have the supposed cause given in 1548, leaving 526, or more than a quarter, unaccounted for. Of the 1548 cases 797 were said to be due to moral causes and 751 to physical. We saw before that of our 2074 admissions we discharged 1084 cured; of these we find 779 had causes assigned for their madness, and of these 779, 402 were moral causes and 377 physical. Of 447 discharged uncured 265 were said to be due to moral and 182 to physical causes.

Of 166 deaths during the ten years the insanity was caused by psychical in 116 cases and bodily in 50 others. Tabulated the figures stand thus:—

DURING TEN YEARS (1865-74).

	Admitted.		Cured.		Uncured.		Died.	
Insanity due to psychical causes	797	.....	402	.....	265	.....	116	
„ „ physical „	751	.....	377	.....	182	.....	50	

I have also drawn up a table to show the relative proportion of cures, deaths, &c., to admissions of the men and women who have been in Bethlem during the last three years in which I have kept the case-books. There are some not accounted for, as they are still in hospital.

DURING THREE YEARS.

Psychical causes for insanity—

Admitted.				Cured.				Uncured.				Died.			
M.	F.	Total.	...	M.	F.	Total.	...	M.	F.	Total.	...	M.	F.	Total.	...
126	136	262	...	57	75	132	...	50	33	83	...	20	12	32	...

Physical causes for insanity—

52	103	155	...	18	64	82	...	16	21	37	...	5	16	21	...
----	-----	-----	-----	----	----	----	-----	----	----	----	-----	---	----	----	-----

Thus, we have of the 126 males admitted with distinct moral causes of insanity 57 cured, that is, 45.2 per cent., and of the women, 136 admitted and 75 cured, or 55 per cent. Of those admitted suffering from physical causes of insanity, 18 out of 52 males recovered, that is, 34.6 per cent., whereas of 103 women 64 recovered, which is 62.1, or nearly double the male percentage. If we look to the last figures

in the table we find that the deaths among those admitted from physical causes are, however, much more numerous than those from moral causes. . . .

I annex a table of the ages of the patients admitted and the respective percentage of cures :—

	Admitted.	Cured.	Percentage.
Under 25 years	578	349	60'38
25—50	1166	608	52'14
Over 50.....	307	122	39'07

Thus, it will be seen that the age is an important point, for whereas the difference is not great between the first and second periods, considering that there are twice as many admissions during the latter, we find, on examining the third period, that the percentage of recoveries is scarcely two-thirds of that in the first. . . .

My next consideration is the relationship of *sex* to the prognosis. We have already seen that of 2074 admissions 1222 were females and 852 males, and of the 1084 cures in ten years 717 were females and 367 males. Thus, we have an excess of females admitted, and a far greater percentage of these are cured. Among women we have a larger proportion of emotional cases that are more curable; I believe we have also, on the other hand, a larger number of relapses among them.

Of the 149 relapses during the past three years I shall confine myself to 124, as I have certain knowledge of these. I find that 47 were males and 77 females. I may remark that from the difference in the forms of insanity, those who never recover from their first attack are more frequently men, while women often have recurrent attacks, and are more free from general paralysis. Among the 77 women, 16 owed their attacks to puerperal conditions, that is, about 20 per cent., whereas 14·7 per cent. is the ordinary proportion of puerperal cases to female admissions. Of the rest, 42 were cases of mania, 16 of melancholia, 1 of general paralysis, and 2 of dementia. Among the males we had 47 relapses, thus made up—mania 25 cases, melancholia 18, general paralysis 2, acute dementia 2.

Of the 600 cases taken for examination, I find 72 men and 79 women, that is 151, were discharged uncured, after twelve months or more of treatment; cases removed before that time at the request of the friends not being included. Of these, 56 men and 61 women were in for their first attack of insanity, and the subjoined table shows the forms of insanity they were suffering from.

	Total.	Mania.	Melancholia.	Dementia.	General Paralysis.	Epilepsy.
Males	56	17	18	10	9	2
Females	61	28	24	9	—	—

The figures representing the cases of general paralysis and epilepsy are worthless. If reference be made to our annual reports, it will be seen that a great number of deaths among the men are from general paralysis, whereas the women die more from lung disease and exhaustion following acute illnesses.

I make no apology except to the author for quoting so largely from his paper. It forms a remarkably lucid and well-considered commentary upon the period comprised within *The Lancet* report, and, in the presence of such a statement, I have abstained from offering any remarks of my own, which could not possibly be so well founded. Students in lunacy will not omit to read the paper at length as it appears in *Guy's Hospital Reports*. It is full of suggestive medical thought.

ST. LUKE'S HOSPITAL.

This charity was established on a small scale in 1751. The following is condensed from a "Report of the Physicians of St. Luke's Hospital for the year 1850," presented in 1851, containing a centenary retrospect :—

. . . . The original institution was on the north side of Upper Moorfields, called Windmill-hill, where a mill formerly stood, facing what is now called Worship Street. The estate was leasehold, held of the Corporation of London; and as the accommodations were not sufficiently extensive to receive more than 110 patients, it was deemed most advantageous to suffer the lease to expire, and to seek a larger ground-plot on which a more commodious building might be erected."

I take the next paragraph from a later edition of the centenary report, which does not contain more than a very brief summary of the history; but in regard to the reasons which moved the originators of this enterprise it is more explicit :—

. . . . In the year 1750, a few benevolent persons having observed that the hospitals then established were not capable of receiving all the patients of this description who applied for relief; and that, by the unavoidable exclusion or delay in their admission, many useful members have been lost to society, either by the disorder gaining strength beyond the reach of medicine, or by the patients falling into the hands of persons utterly unskilled in the treatment of the disorder, or who had found their advantage in neglecting the means of cure; that many families (in no mean circumstances), through the heavy expense attending the support of one member thus afflicted, had themselves become objects of charitable relief, and had thereby doubled the load and loss to the public; that the most fatal acts of violence on themselves, attendants, and relations had been often consequent on the unavoidable delay in placing those afflicted with this disorder under the care of persons experienced in guarding against and preventing such acts; that no particular provision had at that time been made by law for the care of lunatics; that the common parish workhouses were nowise proper for their reception, either in point of accommodation, attendance, or medical assistance; and, further, that the joining this to any other hospital would have deprived it of two of its principal advantages, namely, of being under the immediate inspection and government of its own patrons and supporters, and of introducing more gentlemen of the faculty to the study and practice of this most important branch of it; they determined to open a subscription for a new hospital, under the name of *St. Luke's Hospital for Lunatics*, an establishment which has since enjoyed so large a portion of the patronage and support of the public, that the president and governors consider it a proof that the institution has answered the end proposed.

A circular was sent round, embodying the proposal for reorganization, and stating the grounds. On the 13th of June, 1750, a meeting of subscribers was held; and by the 12th of September, matters were so far advanced that a committee was formed. On the 10th of October a subscription was formally opened for the erection of the present building in Old Street Road. We may now resume the earlier version of the report :—

. . . . The hospital, no doubt, was built according to the opinions, possibly the prejudices, of those times. Tradition seems to have handed down to our ancestors a monastery as the proper model of a lunatic asylum. The first that was

built was at Jerusalem, by the monks of the sixth century; and the long galleries and solitary rooms of Bethlem and St. Luke's seem to point to the corridors and cells of the monastery as their original type; but, however this may be, it is undoubtedly unfortunate that our ancestors had not a better model,—and it ill becomes those who possess the advantages of modern improvements to speak lightly of the efforts of those who were actuated by the same benevolent motives which have effected so much good in ameliorating the sad condition of the insane.

The present building was commenced on the 30th of July, 1782; it was erected by voluntary contributions, at an expense of about £50,000, upon leasehold ground belonging to St. Bartholomew's Hospital; the land is held for a term of forty years, renewable every fourteen years on payment of a fine of £200, and at the yearly rental of £200.

It does not appear that boarders, or those deemed incurable, were admitted into the hospital till 1754; at first only ten were admitted, at the rate of 5s. per week; and from that time till the year 1795 the committee were authorized to admit 110 such patients for the same sum.

From another source I learn that on the 1st of January, 1787, the patients, numbering in all 110, namely, 80 deemed curable and 30 deemed incurable, were transferred from the old buildings at Moorfields to the present hospital.

The physicians of 1851 go on to explain that the promoters of the hospital anticipated an important addition to the opportunities for study, and a corresponding advance of the cause and interests of mental medicine. They then proceed to summarize the successive improvements effected by the committee, at the suggestion of the medical staff, during the ten years next preceding the date of their report:—

In 1841 the infirmaries at each end of the hospital were fitted up for the reception of male and female patients.

In 1842 a chaplain was appointed to the institution, and the present chapel was set apart for divine service. Open fireplaces were placed in each of the galleries. *The old method of coercion was abolished*; padded rooms were made available for the treatment of the paroxysm; additional attendants were hired; and an airing ground was laid out and set apart for the use of the noisy and refractory. Wooden doors were substituted for the iron gates of the galleries; and the removal of the wire guards from the windows inside of the galleries added much to their cheerfulness. The windows of gallery F were altered for the better lighting and ventilating the sleeping-rooms. The bars over the doors of the bedrooms, and the screens outside the windows of the galleries, were also ordered to be removed.

In 1845 reading-rooms for the male and female patients were completed, and a library containing 200 volumes was supplied by the kindness of the treasurer; an amusement fund was established for the purchase of bagatelle and backgammon boards, and other games for the use of the patients.

In 1845 the hospital came under the provisions of the Lunacy Act, 8 and 9 Vict. c. 100. An Act was passed in August of that year for the regulation of the care and treatment of lunatics, since which time the affairs of the hospital have been subjected to a mixed government: to the control of the house committee and of the general board of governors has been added that of the Commissioners in Lunacy. . . .

Some time in 1848 gas was introduced into the hospital.

In 1849 the pauper burial-ground at the back of the hospital was closed.

In 1850 considerable alterations were effected, and a new laundry and workshops built. This brings the general history down to 1850. Reviewing the medical treatment, the physicians say—

When the hospital was first opened for the reception of patients, Dr. Battie was its physician: in his time, and in that of Dr. Thomas Brooke, his successor, six apothecaries supplied the medicines to the patients gratuitously. It would appear from reference to some of the old books that the medical treatment consisted principally in anti-spasmodics and purgatives; and the patients seem to have escaped the practice, at one time prevalent in the treatment of lunacy, of being bled and purged periodically every spring and fall.* But a time arrived when the physician appointed to the hospital had no faith in medicine in the treatment of insanity, but relied chiefly upon moral treatment, upon good diet and exercise, and upon the occasional use of purgatives for effecting a cure; and we find by referring to our tables that the average percentage of recoveries during this period, i.e. from 1791 to 1800, was $11\frac{1}{2}$ per cent. lower than between 1831 and 1840."

The following formal expression of opinion (in 1851) on the subject of restraint is interesting:—

The moral treatment of our patients is based upon those benevolent principles which have been so humanely endeavoured to be carried out at other asylums. We believe that the only question which can now arise is by what method the insane can be treated in the most humane manner. We should, however, be deceiving the profession and the public if we were to say that the result of our experience leads us to the belief that restraint can be abolished with advantage to the patient in all cases, and under all circumstances. But in saying this we distinctly repudiate the notion of encouraging by our example any return to the cruel method of treatment which was formerly practised in this and other countries; and we assert that we feel no sympathy with those who employ restraint merely for the purpose of saving trouble to themselves and attendants.

Dr. William Battie was appointed October 31, 1750. In 1753 students were admitted to the hospital and the practice thrown open to the profession. Dr. Thomas Brooke became physician April 19, 1764; Dr. Samuel Foart Simmons succeeded November 8, 1781. Dr. Alexander Robert Sutherland was appointed March 16, 1811. The last-mentioned physician gave evidence before the Parliamentary committee of 1815. The state of matters disclosed was not discreditable, and compared favourably with the condition of affairs and the practice discovered at Bethlem. Dr. Sutherland said, "I very often employ the bath of surprise;" but the treatment was humane and intelligent. There was no wholesale physicking, and the manner in which coercion was applied appears to have been as considerate as the prejudices of the time allowed.

May 19, 1829, Dr. John Warburton was appointed physician to St. Luke's, of whom the report just cited records that he was the first "in this country who prescribed morphia to allay the irritation of the nervous system, and to procure sleep." Dr. Alexander John Sutherland was

* See note, page 292.

appointed March 25, 1841, and Dr. Francis Richard Philp, June 22, 1842; both were in office in 1851, and signed the centenary report.

The Metropolitan Commissioners in Lunacy, in their report to the Lord Chancellor, dated June, 1847, refer to this institution in the following passages :—

St. Luke's Hospital was not subjected to the inspection of the Metropolitan Commissioners until the autumn of the year 1842. On the occasion of the first visit, a detailed report of the establishment was laid before the Metropolitan board, which showed that, notwithstanding considerable disadvantages which the hospital was subjected to, from its confined situation and original construction, or otherwise, the condition of the wards and of the patients was such as to give satisfaction to the Visitors. The rooms were clean. There was only one destructive female, out of 222 patients, under restraint, which (it was stated) was avoided as far as practicable. It appeared that the number of attendants had been doubled soon after the year 1830; and that, besides the attendants of both sexes, there were a resident medical officer, a steward, a matron and twelve domestic servants on the establishment. Medical treatment was used to a considerable extent, and warm and shower baths were employed. Classification, however, is necessarily imperfect in this establishment, owing to the small quantity of ground attached to the hospital. There are only two yards for the patients, one of which adjoins a burying-ground.* The subsequent accounts received from the visiting Commissioners confirm the foregoing good account of this establishment.

In the report for 1853 the committee of St. Luke's record their desire to obtain a house near town to form "a country branch institution." They also intimate that "medical restraint" has of "late been gradually dispensed with." It is interesting to notice that in regard to this matter, and throughout their reports, the committee avoid the slightest indication of a wish to interfere with the medical treatment, or to claim credit for any of the improvements from time to time effected.

The physician's report for 1854 contains this passage :—

The changes which have taken place in the medical department of a sister institution,† the necessity of submitting the rules of the hospital (according "to the provisions" of the Act of Parliament, 16 and 17 Vict. c. 97, s. 30) to the Secretary of State for the Home Department, and the resignation of Dr. Philp were the chief causes which prevailed in bringing prominently forward the utility or otherwise of having visiting physicians attached to the hospital.

The decision arrived at on various grounds, but mainly the consideration that St. Luke's "was originally established as an hospital for the treatment of insanity, as distinct from an asylum for the reception of chronic cases," was to continue the appointment of visiting physicians. Dr. H. Monro was selected to fill the vacancy caused by the retirement of Dr. Philp. The report for 1855 contains the announcement that "the medical superintendent, *by strict attention to the subject, has abolished the use of mechanical restraint.*"

* This was closed in 1849, and appropriated as an airing court in 1868.

† Bethlem, in consequence of the facts elicited by the Committee of 1852, and the Act of 1853.

In their report, dated March 31, 1855, the Commissioners say :—

... The following resolution was passed by the Special General Court of Governors, viz., "That the resident medical officer in future be styled 'Resident Medical Superintendent,' and that, subject to the control of the General Committee, he shall have paramount authority over every officer residing in the hospital, in respect of the medical and moral care and treatment of the patients." We trust that the important principle enunciated in the foregoing resolution will be efficiently carried out, and that we shall in our future reports have the satisfaction of stating that the resident medical officer holds the position of usefulness and authority so distinctly laid down by the Special General Court of Governors.

This was after the resignation of Dr. Philp.

In 1854 the Commissioners urged the removal of the hospital to some suitable locality in the suburbs, on the ground that the building was "cheerless and prison-like, and the site limited and confined." This recommendation was not approved, the committee laying great stress, and I think justly, on the "central position of the hospital." The alternative proposed—suggested by the medical faculty, but not apparently approved by the Commissioners—was to form a branch establishment in a suburban district, to be used as an auxiliary institution. This scheme was pressed in 1856, in a report signed by Drs. Sutherland and Monro, physicians, and Dr. Henry Stevens, medical superintendent.

In 1859 Dr. A. J. Sutherland retired from the office of physician, and Dr. A. R. Sutherland resigned the honorary office of consulting physician. In 1860 Mr. Ebenezer Toller replaced Dr. Stevens in the office of medical superintendent. Dr. Wood became visiting physician to the hospital in 1862, Dr. Octavius Jepson succeeding Mr. Toller in 1863. Mr., afterwards Dr., James Ellis was appointed on the retirement of Dr. O. Jepson in 1864. In 1869 Dr. J. Thompson Dickson was appointed. He was succeeded by Dr. Reginald Eager in July, 1870. 1873 was signalized by the admission of two clinical assistants to reside in the hospital, thus developing its efficiency as a medical institution and school. Dr. Mickley, the present medical superintendent, was appointed in April, 1875.

Throughout the last ten or fifteen years the work of constructional reform and improvement, with a view to enhance the comfort of the patients and further their cure, appears to have been prosecuted with all the energy justified by the state of the funds. It is impossible to review the reports without being impressed with the vigour and liberality of the committee, and the zeal manifested by the staff. Altogether the history of St. Luke's is one on which it is pleasant to look back, and it contrasts favourably with that of more than one institution whose promoters enjoyed greater advantages and an opportunity with which that at the disposal of the governors and physicians of St. Luke's cannot fairly be compared.

STATISTICAL TABLES.

The following tables, which relate to the period covered by *The Lancet* report, are supplemented by the extracts occupying pages 322-4. See note to Bethlem tables, page 299.

STATISTICS OF ASYLUM POPULATION, ST. LUKE'S HOSPITAL.

Year.	CASES ADMITTED.						CASES RESIDENT.			CASES							
	OF ALL CLASSES.			RECENT	CHRONIC OR RECURRENT.		Total number under treatment.	Average number resident.	Average number employed.	ON RECOVERY.			RECOVERIES OCCURRING AFTER RESIDENCE IN THE HOSPITAL.			Discharged unit or from other causes.	
	Males.	Females.	Total.	Deemed curable on admission.	Transferred from other asylums.	Relapsed cases re-admitted.				Males.	Females.	Total.	Six months, or less.	Between six and twelve months.	One year and upwards.		
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	
1865*	35	83	118	107†	...	...	264	147	...	13	35	48	29	17	2	28
1866	35	79	114	106	...	...	256	134	...	15	56	71	42	21	8	18
1867	59	87	146	125	...	...	273	133	...	21	46	67	37	26	4	32
1868	52	101	153	136	...	...	291	147	...	25	42	67	37	28	2	60
1869	50	96	146	120	6	24	279	132	...	22	42	64	38	18	8	38	
1870	42	78	120	96	8	7	261	140	...	17	28	45	17	17	11	20	
1871	24	45	69	55	2	6	238	144	...	16	32	48	14	22	12	18	
1872	49	75	124	104	7	18	256	148	...	10	19	29	17	7	5	19	
1873	45	82	127	112	8	7	305	166	...	15	35	50	15	15	20	21	
1874	48	80	128	103	7	10	323	177	...	20	42	62	28	27	7	26	
Gross number or proportion.	439	806	1245	1064	...	...	1391	...	...	174	377	551	274	198	79	280
Average number or proportion.	43'9	80'6	124'5	106'4	...	...	275	147	...	17'4	37'7	55'1	27'4	19'8	7'9	28'0
Abstract of the above particulars for the																	
Gross number or proportion.	231	446	677	594	...	...	823	...	...	96	221	317	183	110	24	176
Average number or proportion.	46'2	89'2	135'4	118'8	...	...	273	139	...	19'2	44'2	63'4	36'6	22'0	4'8	35'2
Abstract of the above particulars for the																	
Gross number or proportion.	208	360	568	470	32	48	709	...	...	78	156	234	91	88	55	104
Average number or proportion.	41'6	72'0	113'6	94'0	6'4	9'6	277	155	...	15'6	31'2	46'8	18'2	17'6	11'0	20'8	

* This hospital was opened in 1751.

† The figures in this column are the numbers "admitted as curable," in conformity with the rule of the hospital, specified in the reports. In the earlier tables, relating to county and borough asylums, the number of cases "deemed

STATISTICS OF ASYLUM POPULATION, ST. LUKE'S HOSPITAL.

DISCHARGED.												CASES REMAINING ON DECEMBER 31ST.				Year.
Dis- charged un- cured after twelve months.	BY DEATH.			DEATHS OCCURRING AFTER RESIDENCE IN THE HOSPITAL.			ASSIGNED CAUSE.					Total num- ber.	Deemed curable.	Proportion per cent. of cases Deemed curable on Total number remain- ing.	Proportion per cent. of cases Deemed curable in Regis- tered Hospi- tals gener- ally.	
	Males.	Femls.	Total.	Six months, or less.	Be- tween six and twelve months.	One year and up- wards.	General Paraly- sis.	Epi- lepsy.	Pul- monary Phthi- sis.	Suicide or Acci- dent.	Other causes.					
XVII.	XVIII.	XIX.	XX.	XXI.	XXII.	XXIII.	XXIV.	XXV.	XXVI.	XXVII.	XXVIII.	XXIX.	XXX.	XXXI.	XXXII.	
31	8	7	15	...	..	...	...	I	I	...	...	142	64	45'07	19'47	1865
30	5	5	10	...	...	...	...	...	2	...	...	127	53	41'73	17'64	1866
27	5	4	9	...	...	...	I	...	...	...	...	138	62	44'93	17'09	1867
20	2	9	11	...	...	...	...	...	...	...	...	133	60	45'11	16'11	1868
25	5	6	11	...	...	...	...	...	2	...	...	141	60	42'55	18'40	1869
22	2	3	5	4	—	I	...	...	I	...	...	169	74	43'79	19'58	1870
31	3	6	9	4	—	5	I	...	I	...	...	132	34	25'76	16'67	1871
20	4	6	10	6	—	4	I	...	...	...	...	178	80	44'94	17'86	1872
25	8	6	14	7	2	5	I	I	I	...	...	195	87	44'62	17'53	1873
34	12	5	17	14	I	2	2	...	...	I	...	184	64	34'78	16'92	1874
265	54	57	111	...	...	...	...	...	...	...	...	...	...	...	...	Gross number or pro- portion.
26'5	5'4	5'7	11'1	...	...	...	...	...	...	...	...	154	63'8	41'33	17'73	Average number or pro- portion.
five years 1865 to 1869 inclusive.																
133	25	31	56	...	...	...	...	...	...	...	...	...	...	...	...	Gross number or pro- portion.
26'6	5'0	6'2	11'2	...	...	...	...	...	...	...	...	136	59'8	43'88	17'74	Average number or pro- portion.
five years 1870 to 1874 inclusive.																
132	29	26	55	35	3	17	...	...	...	...	...	...	...	...	...	Gross number or pro- portion.
26'4	5'8	5'2	11'0	7'0	0'6	3'4	...	...	...	...	...	172	67'8	38'78	17'71	Average number or pro- portion.

curable on admission" has been estimated by adding the "recoveries" in a year to the cases "deemed curable" remaining at the close of that year, and then deducting the "deemed curable" which were left over from the previous year.

COMPARATIVE TABLE OF FACTS, ST. LUKE'S HOSPITAL.

Year.	ADMISSIONS.					RECOVERIES.					DEATHS.					Proportion per cent. of Recoveries on cases Deemed curable. (a)
	SEX.				AGE.	SEX.				AGE.	SEX.				AGE.	
	Proportion per cent. of the Sexes in this Hospital.		Proportion per cent. of the Sexes in Registered Hospitals generally.			Proportion per cent. of the Sexes in this Hospital.		Proportion per cent. of the Sexes in Registered Hospitals generally.			Proportion per cent. of the Sexes in this Hospital.		Proportion per cent. of the Sexes in Registered Hospitals generally.			
Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.	Males.	Femals.			
1865	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1866	29'66	70'34	48'45	51'55	36'4	27'08	72'92	40'83	59'17	...	53'33	46'67	58'52	41'48	...	28'74
1867	30'70	69'30	46'48	53'52	35'3	21'13	78'87	38'56	61'44	...	50'00	50'00	61'02	38'98	...	41'76
1868	40'41	59'59	46'57	53'43	35'9	31'34	68'66	36'81	63'19	...	55'56	44'44	56'77	43'23	...	37'64
1869	33'99	66'01	46'51	53'49	37'5	37'31	62'69	39'00	61'00	...	18'18	81'82	58'05	41'95	...	33'84
1870	34'25	65'75	45'58	54'42	35'0	34'38	65'62	38'75	61'25	...	45'45	54'55	60'09	39'91	...	35'96
1871	35'00	65'00	49'71	50'29	35'5	37'78	62'22	41'81	58'19	...	40'00	60'00	61'27	38'73	36'6	28'85
1872	34'78	65'22	53'35	46'65	38'5	33'33	66'67	41'16	58'84	...	33'33	66'67	64'44	35'56	48'7	37'21
1873	39'52	60'48	49'84	50'16	39'4	34'48	65'52	41'96	58'04	...	40'00	60'00	53'57	46'43	53'0	21'01
1874	35'43	64'57	47'42	52'58	40'4	30'00	70'00	37'43	62'57	36'9	57'14	42'86	58'79	41'21	51'8	26'04
1875	37'50	62'50	49'50	50'50	39'7	32'26	67'74	38'27	61'73	37'3	70'59	29'41	63'59	36'41	44'0	32'63
Gross number or proportion.	35'26	64'74	48'38	51'62	...	31'58	68'42	39'39	60'61	...	48'65	51'35	59'69	40'31	...	...
Average number or proportion.	35'12	64'88	48'34	51'66	37'4	31'91	68'09	39'46	60'54	...	46'36	53'64	59'61	40'39	...	32'33
Abstract of the above particulars for the five years 1865 to 1869 inclusive.																
Gross number or proportion.	34'12	65'88	46'69	53'31	...	30'28	69'72	38'76	61'24	...	44'64	55'36	58'91	41'09	...	...
Average number or proportion.	33'80	66'20	46'72	53'28	36'0	30'25	69'75	38'79	61'21	...	44'50	55'50	58'89	41'11	...	35'51
Abstract of the above particulars for the five years 1870 to 1874 inclusive.																
Gross number or proportion.	36'62	63'38	49'86	50'14	...	33'33	66'67	40'00	60'00	...	52'73	47'27	60'48	39'52	...	...
Average number or proportion.	36'45	63'55	49'96	50'04	38'7	33'57	66'43	40'13	59'87	...	48'21	51'79	60'33	39'67	46'8	29'15

(a) This percentage is upon cases "Deemed curable" brought over from previous year [Statistics of Asylum Population, col. xxx.], and "Cases deemed curable on admission" [col. iv., *ibid.*]. If the calculation had been made upon bases obtained by the method employed in estimating the number of cases "deemed curable on admission" for county and borough asylums (see note, p. 318), the average annual proportion in this column (xvi.), for the ten years, would

COMPARATIVE TABLE OF RESULTS, ST. LUKE'S HOSPITAL.

Year.	RECOVERIES.								RELAPSES.		DEATHS.					
	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in Registered Hospitals generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Average number in each year in Resident.	Proportion per cent. on Average number in each year in Registered Hospitals generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in R. Hospitals generally.	Proportion per cent. on New Cases (a) admitted in current, and cases Deemed curable brought over from previous year in R. Hospitals generally.	Proportion per cent. of Relapsed cases re-admitted on Recoveries.	Proportion per cent. of Relapsed cases re-admitted on Recoveries in R. Hospitals generally.	Proportion per cent. on cases admitted.	Proportion per cent. on cases admitted in Registered Hospitals generally.	Proportion per cent. on Total number under treatment in each year.	Proportion per cent. on Total number under treatment in each year in Registered Hospitals generally.	Proportion per cent. on Average number in each year in Resident.	Proportion per cent. on Average number in each year in Registered Hospitals generally.
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.
1865	40'68	37'24	18'18	9'78	32'65	13'11	...	...	...	...	12'71	22'68	5'68	5'96	10'20	7'99
1866	62'28	48'96	27'73	12'40	52'99	16'92	...	...	...	...	8'77	23'05	3'91	5'84	7'46	7'97
1867	45'89	37'62	24'54	10'13	50'38	13'71	...	...	...	...	6'16	23'53	3'30	6'33	6'77	8'57
1868	43'79	36'72	23'02	9'68	45'58	12'97	...	...	...	...	7'19	21'30	3'78	5'61	7'48	7'52
1869	43'84	36'74	22'94	9'93	48'48	13'71	36'36	29'82	37'50	41'56	7'53	24'45	3'94	6'61	8'33	9'13
1870	37'50	40'09	17'24	10'61	32'14	14'49	27'27	31'26	15'56	34'80	4'17	20'28	1'92	5'37	3'57	7'33
1871	69'57	37'20	20'17	9'64	33'33	12'92	35'56	27'00	12'50	32'15	13'04	21'53	3'78	5'58	6'25	7'48
1872	23'39	30'99	11'33	8'41	19'59	11'26	21'80	24'66	62'07	38'11	8'06	18'20	3'91	4'94	6'76	6'61
1873	39'37	33'84	16'39	9'19	30'12	12'57	26'04	26'42	14'00	29'94	11'02	20'16	4'59	5'47	8'43	7'49
1874	48'44	39'04	19'20	10'38	35'03	14'10	31'31	29'97	16'13	28'32	13'28	20'52	5'26	5'46	9'60	7'41
Gross number or proportion.	44'26	37'65	39'61	30'08	...	...	...	...	...	...	8'92	21'48	7'98	17'16	...	...
Average number or proportion.	45'48	37'84	20'07	10'02	38'03	13'58	29'72	28'19	26'29	34'15	9'19	21'57	4'01	5'72	7'49	7'75
<i>Abstract of the above particulars for the five years 1865 to 1869 inclusive.</i>																
Gross number or proportion.	46'82	39'33	38'52	25'57	...	...	...	...	...	...	8'27	23'02	6'80	14'97	...	...
Average number or proportion.	47'30	39'46	23'28	10'38	46'02	14'08	...	...	...	...	8'47	23'00	4'12	6'07	8'05	8'24
<i>Abstract of the above particulars for the five years 1870 to 1874 inclusive.</i>																
Gross number or proportion.	41'20	36'17	33'00	23'88	...	...	...	...	16'24	...	9'68	20'12	7'76	13'28	...	...
Average number or proportion.	43'65	36'23	16'87	9'65	30'04	13'07	28'40	27'86	24'05	32'66	9'91	20'14	3'89	5'36	6'92	7'26

have been 46'51, instead of 32'33, as above; for the five years 1865-9, 51'29, instead of 35'51; and for the period 1870-74, 41'74, instead of 29'15.

(a) "New Cases" are "Cases admitted" during the year, less cases "Transferred from other asylums" and "Relapsed cases re-admitted," both which have been deducted [Statistics of Asylum Population, col. iii., less cols. v. and vi.].

The report dated 1851, containing the retrospect of a hundred years, from which I have quoted at pages 313, 314, gives detailed tables and abstracts. I reproduce the latter:—

ABSTRACT OF PATIENTS ADMITTED AND DISCHARGED FROM 1751 TO
31ST DECEMBER, 1850.

I.—Curable Patients.

				Males.	Femls.	Total.
ADMITTED				7311	10,778	18,089
DISCHARGED.						
	Males.	Femls.	Total.			
Cured	2813	5005	7818			
Unfit	958	835	1793			
By desire of friends	187	321	508			
Proving not to be lunatic	—	62	62			
Friends not complying with rules	31	26	57			
Not being objects of charity	2	—	2			
Having been discharged uncured from						
Bethlem	2	3	5			
Having been insane above twelve months	2	12	14			
Died	808	573	1381			
Uncured—having been twelve months in						
the Hospital	2473	3886	6359			
				7276	10,725	18,001
Remaining in the Hospital on 31st December, 1850				35	53	88

II.—Incurable Patients.

				Males.	Femls.	Total.
ADMITTED				276	384	660
DISCHARGED.						
	Males.	Femls.	Total.			
Cured	6	18	24			
By desire of friends	30	56	86			
Friends not complying with rules	4	4	8			
Not being objects of charity	2	3	5			
Died	185	255	440			
				227	336	563
Remaining in the Hospital on the 31st December, 1850				49	48	97

III.—General Abstract of Curable and Incurable Patients admitted and discharged
from 1751 to 31st December, 1850.

I. ADMITTED.				Males.	Femls.	Total.
Curables				7311	10,778	18,089
Incurables				276	384	660
				7587	11,162	18,749
II. DISCHARGED.				Males.	Femls.	Total.
Curables				7276	10,725	18,001
Incurables				227	336	563
				7503	11,061	18,564
Total number of patients remaining in the Hospital on 31st December, 1850				84	101	185

STATEMENT SHOWING THE PERCENTAGE OF CURES AND DEATHS OF CURABLE AND INCURABLE PATIENTS FOR THE CENTURY FROM 1751 TO 1850, INCLUSIVE.

	Males.	Females.	Total.
I. CURABLE PATIENTS.	Per cent.	Per cent.	Per cent.
Cures	38'48	46'44	43'22
Deaths	11'05	5'31	7'63
II. INCURABLE PATIENTS.			
Cures	2'17	4'69	3'64
Deaths	67'03	66'41	66'66
III. CURABLE AND INCURABLE PATIENTS.			
Cures	37'15	44'96	41'83
Deaths	13'09	7'42	9'71

The following statement gives a concise view of the statistics for a period of ten years (1841-50), and will be interesting in comparison with such particulars as I have been able to give in the tables for 1865-74:—

STATEMENT SHOWING THE PERCENTAGE OF CURABLE PATIENTS DISCHARGED DURING THE TEN YEARS 1841 TO 1850, INCLUSIVE.

	Males.	Females.	Total.
Number of curable patients admitted during the above time ...	793	1230	2023
Of whom there were discharged as paralytic, epileptic, idiotic, and unfit from disease	116	71	187
Leaving	677	1159	1836
Of these patients there were discharged cured	435	677	1112

	Males.	Females.	Total.
The PERCENTAGES of Patients discharged cured as above are as follows, viz. :—	Per cent.	Per cent.	Per cent.
1. On the whole number of Admissions.....	54'85	55'04	54'97
2. On the number of Admissions, after deducting those patients who were discharged as paralytic, epileptic, idiotic, and unfit from disease	64'25	58'41	60'57

In their retrospect the committee say :—

If the proportion of patients discharged cured be any test of an improvement in our knowledge of the treatment of the disease, we might refer to the following Statement of the percentage of Recoveries for the last thirty years :—

AVERAGE PERCENTAGE OF PATIENTS DISCHARGED CURED FROM ST. LUKE'S HOSPITAL.

From 1821 to 1830	47½ per cent.
„ 1831 to 1840	56½ „
„ 1841 to 1850	60½ „

In his “Report upon the Mortality of Lunatics,” read before the Statistical Society of London, 15th March, 1841, Dr. Farr quoted the annual

mortality at the hospitals of Bethlem and St. Luke's among the class called "curables" at 11 per cent., and only 6 per cent. among "incurables" (chronic cases).

Dr. Thurnam's work contains the following among other references to this hospital. He gives the mean annual mortality per cent. resident of "curables and incurables" for 83 years, 1751-1834, as males, 13'9; females, 7'06—showing an excess of 96 per cent. on the side of the men.

The "proportion of recoveries per cent. of admissions in cases of less than twelve months' duration *when admitted*":—

Bethlem, 1827-39	52'38 per cent.
St. Luke's, 1751-1834	39'71 ..

These cases "recovered within one year of admission."

The average duration of residence at St. Luke's for 83 years, 1751-1834, Dr. Thurnam estimates thus :—"Curable" patients, 0'68; "curable and incurable" together, 1'02.

Treating of the proportion of cures effected generally in 1859, Dr. Arlidge (who was formerly medical superintendent of St. Luke's, and is specially thanked for his scientific work by the medical committee in the centenary report of 1851) says, "The most satisfactory results we can point to are those obtained at St. Luke's Hospital, London, where the cures have averaged 62 per cent. upon the admissions during the last ten years."

Dr. Webster, in a paper read before the Royal Medico-Chirurgical Society, June 27th, 1843 (previously cited), observes :—

According to an authentic statement now in my possession, the total number of lunatic patients received into St. Luke's Hospital for the twenty years ending the 31st December, 1802, appears to have been 3987, whilst the admissions increased to 5346 during the twenty years ending the 31st December, 1822; although from that date to the 31st December, 1842, they again fell to 4044. . . . No doubt can exist regarding the greater frequency of mental alienation among females than males; indeed, the excess of insane women admitted at Bethlem Hospital is shown to have been 47 per cent.; and as the same facilities regarding the admission of patients into that institution prevail, without any reference to sex, provided the cases are recent, the above results must be considered conclusive. A similar opinion is likewise fully borne out by the number of insane patients of each sex admitted into St. Luke's Hospital, during the same period of twenty years, to which reference has just been made [see tabulated summary for Bethlem, page 304]. By returns obtained through the kindness of a friend, it appears that 1734 lunatic male patients were received into the wards of that charity, from the 31st December, 1822, to the 31st December, 1842; whilst the number of insane females admitted during the same period amounted to 2310, or 33½ per cent. more of the latter than the former sex.

GENERAL REMARKS ON PUBLIC ASYLUMS
VISITED.

NOTHING has impressed us more forcibly during the present inquiry, so far as it has yet been carried, than the permanent and increasing value of the service rendered to the cause of humanity, and indirectly to the interests of medical science, by the Commissioners in Lunacy. We do not recognize the wisdom of all their recommendations. There are matters of high moment to which we think they attach too little importance, and points whereon they lay considerable stress that appear to us utterly insignificant. In the main, however, and touching the greatest and gravest interests in lunacy, whether regarded from the philanthropic or professional standpoint, it is impossible not to feel that in the conception and working out of a scheme by which a most pitiable and helpless class of sufferers has been rescued from a condition little better than slavery, and cruelty worse than neglect, and placed under the protection of a body of public inspectors, Lord Shaftesbury has established a claim upon general gratitude; and done more than sufficient to render a life of usefulness, otherwise so remarkable, illustrious in the annals of social reform, and in a special sense entitled to the respect of enlightened medical men.*

* The development of Lord Shaftesbury's far-sighted idea of a permanent Commission is very remarkable. We have seen how stoutly it was opposed at the outset, and how even opinions of the highest authority were arrayed against it. So far from the fears of Mr. Secretary Peel (see page 87) having been well founded, the visits paid by Commissioners to asylums have quickened their sense of the needs and sorrows of the suffering class of lunatics, and enriched and strengthened the powers of supervision brought to their aid. No board of physicians appointed every six months could have been equally useful. Nor do I believe

It is not alone that crying grievances have been redressed: the baneful prejudices which, until comparatively recent times, brooded over the whole subject of mental disease and its victims have been uprooted, the entire system of socio-medical treatment reformed.* The faults and failures of to-day are due in part to errors of judgment, to some extent they may be the fruit of bad seed sown in evil times and not easily eradicated, but scarcely in any appreciable degree can they be attributed to present neglect, or even lack of earnestness in pushing forward useful reforms and applying a remedy to known defects. Here and there a self-sufficient committee, or an inert superintendent who has not moved on with the age, may cast obstacles in the way of improvement: but, speaking generally, enlightened emulation has taken the place of ignorance and indifference; a real desire to relieve suffering, advance the triumph of science over disease, and wipe out the reproach of want of sympathy, is apparent; and

physicians acting alone would have exhibited the intelligence or displayed the courage evinced, under considerable difficulties and in the face of much graceless and prejudiced opposition, by a board composed of lawyers, physicians, and laymen. The College of Physicians had an abundant opportunity of displaying its zeal and sagacity for the protection of the insane and the advancement of this department of medical science and practice; but it neglected the opportunity, and discredibly failed in its duty to the public and the profession alike. It is a happy circumstance that the Commission with which Lord Shaftesbury's name is so closely associated was established: the good it has accomplished will illumine the page of social history.

* While the circumstance of being affected with mental disease sufficed to place the sufferer in a class from which society claimed protection, and for which it entertained a stronger feeling of fear than sympathy, the medical treatment of lunacy was simply impossible. The maniac was tethered like a wild beast, laid in straw, and fed with the coarsest of food. Families conspired to disguise the fact of a member being so afflicted. The plague-stricken victim was put away out of sight, where science had no concern with his malady and humanity itself forgot alike his suffering and his sorrow. Prejudice was rampant against the class of lunatics: they were held to be under the ban of Heaven, and sane folk spoke with bated breath of the blight of madness. The taint of insanity was regarded as more terrible than wickedness, more despicable than poverty and vice combined. Even the sight of the poor people was shunned. Those who would give them an airing in the grounds of asylums were bidden to see that they were properly secured by chains. The neighbourhood of a madhouse was up in arms whenever a superintendent proposed to indulge his patients with a walk outside the walls, under the guardianship of a few attendants. These prejudices are so completely broken down, that perhaps there is some danger of running to the other extreme, and allowing the insane more liberty than is consistent with safety.

a resolute determination to grapple with the most formidable of difficulties is found where a while ago the single governing idea—in so far as there can be said to have been an idea beyond routine discipline—seemed to be one of selfish ease and social parsimony.*

The improvement is chiefly evident in the character of the provisions made for the insane in asylums, and the domestic conditions and surroundings of their daily life. It is in these departments almost exclusively that the influence of the Commissioners in Lunacy makes itself felt, and it is only just to acknowledge that most of the good that has been effected is traceable either directly or collaterally to their interference.† We do not mean to assert that all, or even the majority, of the beneficial changes which have been made were commenced or carried out at their specific suggestion, but the fact of Commissioners visiting asylums at unexpected and tolerably frequent periods, and publishing their reports,‡ has applied the kind of stimulus needed to arouse committees, and incite superintendents, to healthy action, while public opinion has been informed and enlightened so as to clear the way of many economic obstacles to progress. Lethargy has been exposed and zeal supported. The aid rendered has been slow and sure in its effects. What

* The committee of 1815 elicited statements of the most revolting character. Take the following as a specimen. It is from the evidence of Mr. J. Warburton:—"You must either pinion the lunatics so tight as not to leave them the least liberty or use of their hands, or whatever garment is upon them will be destroyed instantly, and therefore they would derive no benefit by having them left on. There is an annual expenditure of from £100 to £150 in bedding and bed-clothes for the paupers only." Contrast this state of things with the provision now made in every well-conducted asylum for the comfort of the insane at night.

† No proof of this assertion can be necessary. A glance down the list of recommendations made by the Commissioners at succeeding visits to any asylum will place the fact beyond question. A person curious in figures might work out the average number of suggestions spread over a mean time, by which many of the comforts and privileges now enjoyed by the insane have been obtained for them in consequence of the persistent energy of the board and its visitors.

‡ The Commissioners occupy a most anomalous position with regard to the carrying out of their suggestions. They can only recommend, and the manner in which their recommendations are too commonly resisted shows clearly that unless they were backed by an irresistible power their labours would be ineffectual. The unseen force is public opinion. The publication of their reports is a vast power for good, and to the steady pressure of this agency the success of the work in progress is mainly due.

has been accomplished is only a tithe of that which remains to be done, but the *vis inertiae* of ignorance has been overcome, and the energy by which this has been effected is happily inexhaustible. While the Commission continues its useful labours* the improvement will be constant. Each year's progress increases the momentum, and every step in advance lessens the difficulty.

The time has arrived when the medical profession, as a body, should begin to manifest a keener interest in the subjects and treatment of insanity.† Mental disease ought not any longer to be allowed to stand apart as a malady by itself. It has passed through the conventional stages of misconception. It has been gazed upon with stupid awe as a supernatural visitation, with which science had neither the right nor the power to meddle. It has been regarded with horror and loathing, as something to be put away out of sight, and from which society chiefly needed protection, but to which, in return, sane humanity could have few obligations. It has been treated as a phenomenon only remotely related to physical disease, and its study and cure relegated to the cold shade of a specialty. The time has now come when the

* The labours of such a Commission are useful in proportion as they are practical. In this respect the work of the English Commissioners contrasts strongly with that of the Scotch board. While the latter is engaged in inquiries concerning matters so entirely medical as the nature and extent of a particular disease like general paralysis—with the very nature of which the authority across the Tweed is apparently unacquainted—the effort of the English Commissioners is bounded by the limits laid down in the following paragraph of the report for 1875, which not unfairly indicates the character and value of their enterprise:—“At no time . . . have we considered it our duty to draw any but the most plain and obvious deductions from the figures which the means at our disposal enable us to present; nor can we deem it advisable or justifiable to offer to your lordship, or to the public, any speculations or theories of our own based on these statistics. At present we do not think that the recorded experience is sufficiently extensive to warrant many very certain conclusions to be drawn from it, and the official publication of conjectures founded on confessedly imperfect data, and therefore liable to be falsified by the event, would not, we submit, be attended by any public advantage.”—Page 22 of the Report for 1875.

† The lack of acquaintance with lunacy is extraordinary. The great body of medical men appear to know scarcely more of the arrangements and method of treatment adopted in asylums than the general public. A curious proof of this may be found in the widespread misconception which exists as to the nature and symptoms of so unhappily common a malady as “general paralysis of the insane.”

subject needs to be investigated from a new point of approach and in a more practical mood.

It is discreditable to the progress made in other departments of medical science that a malady, or class of affections, in which the "deaths" are nearly as numerous as the "recoveries," should be practically disregarded by the majority of busy practitioners. The consequence of this state of things is that, although a considerable part of the population—on January 1st, 1875, 63,793 persons, or 26·64 per 10,000*—labour under diseases destroying the powers of self-control and self-help in the individual and deteriorating the race, beyond locking them up in asylums and hospitals, where they are supposed to be out of harm's way; little thought, and only a very small share of the total skill and industry devoted to the investigation and treatment of morbid phenomena, are brought to the relief of this humiliating burden.

Of the "total number under treatment" in county and borough asylums during 1874 (41,064), only 3674, or 8·95 per cent., recovered; while 3424, or 8·34 per cent., died. Turning to the asylums we have visited in Middlesex and Surrey—Hanwell, Colney Hatch, Wandsworth, Brookwood, and the City of London (excluding Bethlem and St. Luke's as hospitals, and the institutions for imbeciles at Leavesden, Caterham, and Hampstead, as workhouses)—we find the total number under treatment in the five asylums named, during the year 1874, was 7267. Of this number 684, or 9·41 per cent., recovered; while 570, or 7·84 per cent., died.†

* The number reported for January 1, 1876, was 64,916, 1123 in excess of the total given above. The Commissioners point out that "the total increase of the past year over the preceding one has been less than in any other year of the series commencing 1859." "The average annual increase of the last ten years has been 1726." The augmentation is chiefly among paupers, but that probably is in part due to the increased accommodation afforded by new and enlarged asylums, and in part to the operation of causes which the Commissioners thus describe:—"The tendency of the legislation, by which, in 1862, the cost of lunatics in asylums was cast upon the common fund of the union instead of on a particular parish, and by which, in 1874, 4s. a week of the cost of maintenance of every pauper lunatic in an asylum is to be defrayed by the State, has been to draw large numbers into asylums, including many chronic cases previously kept in workhouses."—Page 4 of the Report for 1875.

† The total number under treatment at the five asylums named, in 1875, was 7775: 671, or 8·63 per cent., recovered, and 597, or 7·68 per cent., died.

It is apparent from these figures, so far as conditions may be inferred from results, that we have to deal with fairly sanitary and well-conducted establishments. The average death-rate in the two metropolitan counties is, it will be seen, somewhat below, and the proportion of cures a fraction above, the like rates for the total of similar institutions in England and Wales. Meanwhile it is a little startling to find that, taking the gross numbers of "cures" and "deaths" in these five asylums for the last ten years, the latter exceeds the former by 21·14 per cent.: thus 4996 deaths, and only 4124 cures, are recorded. We introduce these figures at this point only as throwing some general light on the character and efficiency of the establishments visited.

In their report for 1874, the Commissioners repeated the familiar complaint "that the county and borough asylums were gradually becoming more and more occupied by a large proportion of chronic and harmless patients who might be adequately provided for in well-organized workhouse wards."* The justness of this opinion has been forced upon us at every stage of the present inquiry. In the five asylums visited, the gross proportions per cent. of "curable" to total cases admitted during the ten years under review are as follow † :— At Brookwood, the newest and presumably the most commodious and well-fitted building, 26·49; Colney Hatch, 33·54; Hanwell, 30·31; Wandsworth, 33·00; City of London, 21·37. The mean is about 31·00, leaving 69·00 as the proportion per cent. of chronic or almost hopeless cases introduced.

It is certainly not putting the facts too strongly—we question whether it is strong enough—to say that half the chronic

* This is substantially repeated in the report for 1875 :—" . . . Many patients who, during their residence in asylums, have become chronic and harmless, might be adequately provided for with the diet, nursing, and accommodation now more generally afforded than formerly in workhouse infirmaries. The matter is often commented upon by the visiting committees, but it is seldom that much relief to asylums is thus obtained; for boards of guardians are, as a rule, reluctant to accept the responsibility of receiving patients back from the asylums, especially when such reception might be attended by little, if any, pecuniary saving. *If this difficulty could more generally be overcome, committees of visitors would less frequently be called upon to extend asylum accommodation.*"

† The computation by which these numbers have been obtained is explained, and its defects are pointed out, in the remarks on statistical tables at pp. 71-72 (Brookwood). The figures are, however, sufficiently accurate for the immediate purpose, namely, to illustrate the misuse of asylum accommodation.

patients who drag along year after year in these establishments would be equally well placed in the so-called "insane wards" of any properly-conducted workhouse. Speaking roughly, we may say that quite one-third of the accommodation in the county and borough asylums of Middlesex and Surrey is wasted. It is in the face of these facts that boards of quarter sessions are striving to increase the number of asylums, on the general ground that lunacy is supposed to be increasing.

We do not think it necessary to discuss the question how far the apparent "increase" may be due to greater vigilance in discovering cases, and perhaps some change of opinion as to what constitutes lunacy. Even assuming that the increase is real, and its magnitude as great as it is represented to be, we can only repeat the remark made at the outset, in the report on Brookwood: if the moment a new asylum is opened, with all the best modern appliances, it be filled with patients withdrawn from the licensed houses, and treated as an almshouse for the aged and infirm paupers who happen to be eccentric and troublesome in the neighbouring workhouses, it will be necessary to go on building asylums until no inconsiderable portion of the pauper population is returned as "insane."

No one carefully examining the inmates of asylums, generally, can fail to notice that a large part of the multitude is made up of individuals of all ages, who are either physically disabled or disinclined for work. Vicious young persons of both sexes, sullen middle-aged people with grievances and a grievous intolerance of laborious or sustained exertion of any kind, with poor old folk in whom the light of reason has begun to wane; a few idiots, more cheaply maintained in an asylum than at a suitable training institution, as the law directs,* and a crowd of confirmed epileptics, for whom little

* "The ages of the children under care and treatment [at special training institutions] range from $5\frac{1}{2}$ to 16. At that maximum age, since all paupers (according to the view taken by the Local Government Board) then become adult, the boys and girls are transferred hence, and their special educational training, we believe, comes to an end. If this be so, we think it is to be regretted, especially in those cases where the past gives hope of such future improvement under training as would fit children, albeit of slow apprehension, ultimately to earn their own livelihood in the outside world. We trust that it may be found practicable to modify this practice of adhering strictly to the age of 16 as the time for removal."
—*Report of the Commissioners in Lunacy for 1875*, Appendix M., p. 343.

good can be effected, make up the population of most county and borough asylums.

It is impossible not to feel that the policy which fills an institution designed to cure and check the progress of insanity with such cases is shortsighted and misconceived. The existing provision for really insane cases, if not ample, is much larger than it seems; but it is diverted from its proper purpose. The skilled medical superintendents, the expensive staffs, and the costly appliances of public asylums are employed, not in curing mental disease, but in securing the safe custody and ministering to the bad tempers of turbulent, or assuaging the sorrows of decrepit, paupers, who might be equally well controlled or kindly treated, as the case required, in a workhouse, and at considerably less expense to the ratepayers. We have every sympathy with the afflicted poor, but some thought is due to the struggling bread-winners who pay rates. If the work done at asylums can, in part at least, be accomplished as well and for less money elsewhere, it is a duty to protest against the multiplication of establishments misappropriated and an increasing expenditure misapplied.

It will be evident, from what we have said in our report on the workhouse asylums at Leavesden, Caterham, and Hampstead, that we cannot regard the creation of establishments like these as an improvement on the overcrowding of county asylums with cases obviously incurable. The remedy is worse than the evil it was designed to remove. It opens the way to greater abuses. We have stated in plain terms in the report what these are. Since that opinion was formed we have found the following protest in the Metropolitan District Asylum Minutes. We were unaware of its existence until some weeks after our own was printed. It is expressed in a report by one of the medical superintendents, who deserves great credit for the courage and sagacity that prompted him to write so plainly on a point of urgent importance:—"I would also again repeat the observation I made in my report of last year, with regard to the mental condition of many of the patients admitted—viz., those suffering from the ordinary effects of age or paralysis. These are not truly insane, imbecile, or idiot, and ought in no way to be classed with them; they labour under no delusions, they give coherent answers, there is

nothing irrational in their conduct; in many cases there is only 'impairment' of mind or memory, which should not prevent their being treated in an ordinary hospital or work-house infirmary. The presumption is strong that many are removed to an asylum as the easiest way of getting rid of the trouble of nursing them."

The existence of houses in which troublesome paupers may be put away for the sake of peace or convenience cannot but be regarded as a source of anxiety and peril. On the subject of "recoveries" at the metropolitan asylums, which, of course, should not occur, unless quite exceptionally, in institutions devoted to "incurable" cases, the Commissioners in Lunacy say:—"Although mental recovery has been the result of sending to the asylum the patients last referred to, others, we fear, of the same class have probably been admitted, and have now lapsed into chronic cases from want of that close medical observation and treatment, and those curative agencies generally, which are found in county asylums." The creation of an intermediate class of institutions between the workhouses and asylums, properly so called, was manifestly a mistake.

No one ought to be treated as a lunatic, imbecile, or idiot, who is not so described by medical certificate after legal examination. Imbecile paupers are best cared for and treated in the infirmary wards of workhouses unless actually insane. We do not think even cases of "senile dementia" should be placed in an asylum unless symptoms unconnected with the decay of mental power render the step necessary.* No amount of trouble in nursing, still less the requirement of a liberal diet or considerations of mere convenience, should be held to justify classing such sufferers as "persons of unsound mind."

Much mischief results from the confounding of totally different states of body and mind under the term "lunatic." For this confusion and its consequences the law is responsible, and its provisions urgently demand the interference of the legislature. The construction of intermediate houses like Leavesden, Caterham, and Hampstead was avowedly a

* "The spectacle of degradation and nullity, presented by dementia and idiotism, ought never to be exposed to the observance of the other maniacs."—*Pind's Treatise on Insanity*, translated by D. D. Davis, M.D. 1806.

temporary expedient. It was the product of an attempt to get rid of the difficulty of compelling boards of guardians everywhere to improve their diet lists, and give better accommodation, and more abundant and richer food, to the aged, infirm, and demented paupers in workhouses. The existence of these anomalous institutions has created a new difficulty without greatly reducing that which it was designed to remove. The immediate effect has been to provide increased facilities, for getting rid of troublesome paupers without incurring the charge of maintaining their families ; for evading the obligation of properly training idiots ;* and, generally, for placing persons under detention who have not legally lost their claim and right to liberty.

The allowance of four shillings a week per head towards the maintenance of lunatics in asylums has, no doubt, modified the character of these intermediate institutions. There is now a loss of sixpence per week on every lunatic sent to an establishment of the class instead of to an asylum ; but generally this has only had the effect of laying these institutions open to greater abuses. They cannot, as was originally proposed, be economically applied to relieve the asylums ; their chief use, therefore, is as houses of detention for troublesome and expensive paupers. To these last-named inmates of "workhouse asylums" must be added the patients who can be withdrawn from licensed houses, where the cost of maintenance, even allowing for the rebate of four shillings, somewhat exceeds the seven shillings per week for which paupers can be supported at the metropolitan asylums.† Such cases lose the advantage of asylum treatment, just as the idiots kept at workhouse institutions are deprived of the benefits likely to result from proper training.

* "Not only are idiots in the way in a lunatic asylum, and their ward an excrescence upon it, but the organization and arrangements are not adapted for them. Idiots require a schoolmaster as much as a doctor : the latter can see that all these means are provided for them to improve their habits and their physical condition ; but it must devolve upon the instructor to operate more immediately upon the relic of mental power which is accorded them. The sooner they are brought under the teacher's care the better ; experience shows that much more may be effected with idiots during their childhood than when they have arrived at mature age, and the developmental changes in the brain have so far ceased that an increased production of nervous power can be scarcely looked for.—Dr. Arlidge, *On the State of Lunacy* (1859), p. 149.

† The licensed houses, generally, charge 19s. 3d. per week for pauper patients.

The obvious necessity is to induce, or, if need be, to compel, the authorities of "workhouses" to make sufficient and suitable provision for the maintenance of all imbeciles, and for paupers affected with the various forms of mental or bodily disease which do not admit of improvement by treatment in institutions for the cure of lunacy. It should be easy to carry this policy into effect, and the result would be to save money and prevent abuses. The moral effect of a substantial difference between the provisions made for able-bodied and for infirm paupers in *workhouses* would be, of itself, useful as showing that, while society gladly recognizes the obligation to succour the helpless poor, it has no disposition to pamper idleness or that lack of energy which so readily assumes the position of being "unable to find anything to do."

The problem of providing accommodation for lunatics of all classes is sufficiently difficult of solution, without complicating matters by treating as lunatics those who are not actually insane. The practical question—from which great zeal in building "workhouse asylums" has, for the moment, distracted public attention—is whether "acute" and "chronic," or, in other words, "curable" and "incurable" cases ought to be treated in the same establishment? It was, probably, the embarrassing nature of this question, as much as anything else, that led to the expedient of building intermediate houses; which, as originally projected, were, no doubt,* meant to relieve the asylums, whereas in fact they only relieve the workhouses, and divert cases from the licensed houses and county and borough asylums, as we have already explained. The issue has been raised elsewhere—in America, in Germany, in France—and the same conclusion seems to have been reached from every standpoint of the controversy. It is undesirable, if not impossible, to eliminate all chronic cases from asylums, but something may be done to reduce

* The Commissioners speak of these district asylums as "originally designed" for "the reception of the chronic harmless cases scattered through the metropolitan workhouses," and complain that "they have to a great extent been used as auxiliaries to the county asylums" (page 73, Report for 1875). In any case, it is agreed that many of the patients in them ought to be elsewhere. Whether it be as auxiliary, or intermediate, houses—diverting cases from establishments where they would be under treatment and certified—these workhouse asylums do mischief, is unimportant; their present use is unsatisfactory, and may be abused.

the overwhelming proportion of "incurable" patients in these institutions.

In their report for 1875, the Commissioners point out that the percentage of cases "deemed curable" in the county and borough asylums generally was only 7·17 per cent. at the close of that year, or on the 1st of January, 1876. The figure is 5·10—considerably lower—for Middlesex and Surrey alone; and, as we have shown, the accommodation misappropriated is greatly in excess of reasonable proportions. It is probably necessary to retain a sufficient number of quiet cases in every asylum to insure discipline. The necessity is, however, often exaggerated; and when the need is interpreted to imply the performance of a great part of the routine domestic work by the labour of harmless lunatics, extending, as sometimes happens, to the care and control of troublesome inmates by those who are tractable, we think the argument becomes untenable. Without doubt, employment is most desirable for lunatics, and all who can ought to be induced to work;* but

* The practice of rewarding patients for their labour is, I think, admirable if well administered, but injurious if not judiciously carried out. The method of payment should be adapted to suit the mental condition of the particular case. Some individuals would be benefited by being allowed to feel that they were working for their families; others, essentially selfish, would labour contentedly only for themselves.

"Convalescent maniacs, when, amidst the languor of an inactive life, a stimulus is offered to their natural propensity to motion and exercise, are active, diligent, and methodical. Laborious or amusing occupations arrest their delirious wanderings, prevent the determination of blood to the head by rendering the circulation more uniform, and induce tranquil and refreshing sleep. I was one day deafened by the tumultuous cries and riotous behaviour of a maniac. Employment of a rural nature, such as I knew would meet his taste, was procured for him. From that time I never observed any confusion or extravagance in his ideas. How pleasing to observe the silence and tranquillity which prevailed in the Asylum de Bicêtre, where nearly all the patients were supplied by the tradesmen of Paris with employments which fixed their attention and *allured them to exertion by the prospect of a trifling gain*. To perpetuate these advantages, and to ameliorate the condition of the patients, I made, at that time, every exertion in my power to obtain from the government an adjacent piece of ground, the cultivation of which might employ the convalescent maniacs, and conduce to the re-establishment of their health."—Pinel, *op. cit.*, pp. 193-4.

"At the commencement of convalescence, and upon the dawn of returning reason, it frequently happens that the taste of the individual for his former pursuit of science, literature, or other subjects unfolds itself. The first ray of returning talent ought to be seized with great avidity by the governor, and tenderly fostered, with a view of favouring and accelerating the development

we would rather see them set to labour away from an asylum and settled among a sane population, than with other lunatics more turbulent than themselves.

There would seem to be a notion that persons suffering from mental disease are like wild elephants, who may be most readily tamed by association with subdued individuals of their own order.* This is a remnant of the obsolete hypothesis about insanity, and ought to be discarded. A lunatic is much more likely to derive benefit from the discipline of a sane fraternity than from being thrust into the midst of a multitude of mad people. It may be needful, on account of the great expense of dealing with the insane individually, or because it is impossible to find more fitting associates, to treat them together; but the idea of retaining quiet cases in an asylum merely for the sake of example and influence is absurd. Nevertheless, we are afraid the notion exists and exerts some influence. The plea most reasonably urged in support of the practice is that, if a large ward must be filled, it is better to include tractable cases in the crowd than to convert the population into a mass of mutually destructive morbid furies. This is true, but the fact shows

of the mental faculties. Numerous facts might be mentioned to confirm the importance of this maxim."—*Ibid.* pp. 195-6.

"I am very sure that few lunatics, even in their most furious state, ought to be without some active occupation. The scene presented in our national establishments by the insane of all descriptions and character, expending their effervescent excitement in antics and motions of various kinds, without utility or object, or plunged in profound melancholy, inertia, and stupor, is equally affecting, picturesque, and pitiable. Such unrestrained indulgence of the natural propensities to indolence, to unproductive activity, or to depressing meditation must in a high degree contribute to aggravate the existing evil."—*Ibid.* pp. 216-17.

The date of this work, translated into English in 1806, may help to settle the question—To whom are we indebted for the suggestion of employment as a remedy?

* Jacobi has been represented as entertaining this belief. He says (*op. cit.*, p. 59), "It is precisely by means of the convalescents that a great desideratum for lunatic establishments, which it has always been very difficult to fulfil, may, at least to a certain extent, be realized; and that is, to surround the patient with a greater number of rational persons." I am not, however, urging the removal of *convalescent*, but of *chronic* cases. The two proposals are essentially different. As regards these last, he says (p. 30), "If they are suffered to remain an indefinite time in the institution, the latter would of necessity gradually exchange its character for that of a mere refuge or house of safety, and completely depart from its peculiar destination as a *curative establishment*."

nothing beyond the wisdom of choosing the lesser of two evils. It seemed desirable to say thus much upon a point which has been thrust into undue prominence.

We do think it would be desirable, on economic grounds, if it were practicable, to remove all the chronic cases from asylums; but it would neither be fair to those deemed incurable to cut them off from the chances of cure, nor, under the existing conditions of treatment in herds and overcrowding, just to the victims of acute disease to leave them alone. Meanwhile, at least one-third of the cases now thrown together in county and borough asylums should be eliminated, and we believe they might be provided for by being boarded with relatives under proper supervision, as suggested by the Commissioners, or sheltered in suitable wards, with a liberal dietary, at the workhouses. The only safe plan would be to make establishments for "chronic" cases houses-of-ease to asylums, to prohibit the reception of cases at these institutions which had not first passed through an asylum; in short, to sever such establishments wholly from the local government and Poor-law system, and attach them to the lunatic asylum system, under the direct control of the Commissioners.

As matters now stand, it is a question whether magistrates in quarter sessions should not be empowered to allow the visiting committees of crowded county and borough asylums to build or hire houses which might be utilized as supplementary establishments, with the power of moving their patients from the asylum to the house-of-ease without affecting the legal position of the lunatic so transferred, or the responsibility of those to whom his care has been confided.* Probably the time may come when such a scheme will be adopted, combining with the advantages of a madhouse the means of isolation in cases of epidemic disease, and the possibility of giving convalescents many personal advantages. This is the only way in which the extension of asylum accommodation can be carried further, at least in Middlesex

* The power existing is not identical with that desired. At present each transfer must be made with the express permission of the Commissioners, which occasions delay, and in practice is fatal to the development of a perfect system of interchange.

and Surrey. The "metropolitan asylums" for imbeciles we hold to be sources of peril to the community. The sooner they are diverted from their present purpose the better for the welfare of the pauper class, the safety of those on the borders of insanity, and the pockets of the ratepayers.

Looking at the asylums generally as they stand, it is difficult to determine what ought to be done with them. The older buildings have already cost much—considerably more than the original outlay—in alterations, and at this moment their construction is nearly in every case irremediably faulty and fatal to the proper classification of their inmates. How much may be accomplished by skill in adaptation, perseverance, and liberality we have seen in the course of this inquiry. But nothing can prevent the work of reconstruction and improvement from being almost ceaseless, and in the long run exceedingly costly. Nor can the effort to improve be entirely successful.

Perhaps the most striking example of the extent to which a badly constructed asylum may be modified and rendered comfortable will be found at Wakefield, where, by refurnishing and refitting with a single eye to the welfare of the inmates, one of the most antiquated and ill-arranged of houses has been made singularly commodious. The efforts made at Bethlem, Hanwell, in parts of Colney Hatch, and the old buildings at Brookwood, deserve warm recognition, although they fall notably short of Wakefield in respect to the extent to which the domestic comfort and surroundings of the resident population have been considered.

Night and day follow each other in a madhouse with a monotonous rhythm more oppressive than anywhere else, except a prison, and which little, at the utmost, can be done to relieve.* It is unfortunate, indeed, if the difference between

* That no very striking improvement has been made in the routine of asylum discipline during the present century will, I think, appear on review of a cursory sketch presented by the following account of the Bicêtre, given by Pinel in his *Treatise*, translated in 1806:—"The different rooms were opened in the morning at five o'clock in the summer, at half-past seven in the winter, and between those hours in the intermediate seasons. Great attention was paid to the clearing out of the chamber utensils, as well as the rooms and courts. To assure himself that nothing had been omitted or neglected, the governor paid a forenoon visit to all the rooms. Breakfast was served soon after the hour of getting up. The hour of

dormitories and day-rooms is not strongly marked, so that, at least, some small impression of change may be produced on the minds of patients.* In most institutions, sleeping apartments, rooms for reading and such recreation as may be possible, corridors and airing courts for exercise, dining halls for the principal meals of the day, and large rooms or halls set apart for associated amusements, are provided. The inmates of county and borough asylums are in these respects better circumstanced than sufferers of the superior class domi-

dinner was eleven o'clock precisely. The rooms were set in order, and examined in respect to cleanliness after every meal. The third, the last portion of bread, was distributed, with broth or some other mess, at four or five o'clock in the afternoon, according to the season. The patients' apartments were shut up for the night at a given hour, when the bell was rung. To allay the fury of the raving, to administer to the wants of the needy, and to prevent the accidents to which a house of that description was exposed, a watchman was commissioned to go round the hospital every half-hour till midnight. From twelve o'clock till morning another keeper fulfilled the same duty. In the morning the servants entered again upon their respective duties. Their industry was a condition of their service; and, in order to be able to put an end speedily to any tumult or confusion that might happen, their presence at all hours of the day was indispensably exacted. *The servants were under special injunctions not to lay violent hands on a maniac, even in their own defence.* A system of tactics, carried on by signs, was adopted, in order to secure the momentary seizure and effectual arrest of the raving and furious madman. In a word, the general government of the hospital resembled the superintendence of a great family, consisting of turbulent individuals, whose fury it should be *more the object to repress than to exasperate, to govern by wisdom rather than subdue by terror.*"—Page 205-7.

* "The new-comer into the asylum is ushered into a long passage or corridor, with a series of doors on one side, and a row of peculiarly constructed windows on the other; he finds himself mingled with a number of eccentric beings, pacing singly up and down the corridor, or perhaps collected in unsocial groups in a room turning out of it, or in a nondescript sort of space formed by a bulging out of the wall at one spot, duly lighted and furnished with tables, benches, and chairs, but withal not a room within the meaning of the term, and in the patient's apprehension. Presently he will be introduced through one of the many little doors around him into his single sleeping-room, or will find himself lodged in a dormitory with several others, and by degrees will learn that another little door admits him to a lavatory, another to a bath, another to a scullery or straw-closet, another to a water-closet (with which, probably, he has never been before in such close relations), another to a *sanctum sanctorum*—the attendant's room, within which he must not enter. Within this curiously constructed and arranged place he will discover his lot to be cast for all the purposes of life, excepting outdoor exercises or employment call him away: within it he will have to take his meals, to find his private occupation or amusement, or join in intercourse with his fellow inmates, to take indoor exercise, and seek repose in sleep; he will breathe the same air, occupy the same space, and be surrounded with the same objects night and day."—"Sketch of the Ward System," Dr. Arlidge, *op. cit.*

ciled in private establishments. The condition of these last is too frequently deplorable in a degree discreditable alike to their proprietors and to the vigilance and independence of those who are, in a practical sense, the guardians of all lunatics.

It is not the fault of the Commissioners that they are unable to enforce compliance with their oft-repeated and very reasonable recommendations. The error of only empowering men to counsel, when they ought to be in a position to command, is one for which the legislature is responsible. Meanwhile, some remonstrance more impressive than mere suggestion is required, seeing that it is an evil so great as the crowding of excitable lunatics in small houses—to chafe and fume their troubled lives away in a space wholly insufficient—inspectors, acting in the name of society and in the interests of the insane, have tried in vain to remedy. The capacity of institutions of the class we are considering should be measured in superficial area of floor space as carefully as in cube.

Generally, when estimating the atmosphere of an apartment, the measurement is not taken higher than twelve feet from the ground. In the report on workhouse asylums we found occasion to point out that the respirative value of any atmosphere may be diminished, without reduction of its measurement, by placing the inmates in too close proximity, and, consequently, that an apartment estimated solely by its cubic capacity may be overcrowded when the proportionate number of square feet per head is technically sufficient. For example, in a dormitory, the beds may be placed so close together that the air inspired by one sleeper is vitiated by direct admixture with that expired by another. The atmosphere of a room not traversed by currents set up in artificial ventilation may be described as composed of strata which—the mutual diffusion of gases notwithstanding—do not intermix nearly as rapidly as is commonly supposed. Practically the lower levels of a sleeping-apartment may be pervaded with heavy carbonized and mephitic vapours, which ought, in theory, to ascend, but, in fact, lie rolling horizontally like ground fogs before they rise. This is a matter of great sanitary importance.

It would be unreasonable to expect that the external aspect of sleeping-rooms should receive any large share of

attention at asylums for paupers, but we are glad to find this matter, which is by no means insignificant, has not been entirely overlooked. In recently built dormitories and blocks of single rooms, some attempt has evidently been made to secure the most favourable "weathering," and—in the case of wards or apartments which may possibly be occupied by patients confined to their beds by sickness or other causes—also a cheerful prospect. We were much struck with the care bestowed on this point, and the skilful adaptation of the windows to the view, in parts of the new building at Brookwood.

Opinions differ widely as to the proportion the single rooms in an asylum ought to bear to the accommodation provided by associated dormitories. We are inclined to think the practice of placing patients in a separate room at night, for their own safety or advantage, must be abandoned. A restless sleeper who perpetually gets out of bed, and falls about, is frequently put to bed on a mattress spread on the floor, or upon a low bedstead, in a room padded half-way up the walls. This is, in fact, the chief and most intelligible use of such cells. But it may be regarded as certain that, in a public asylum at least, the continuous supervision of isolated cases is impossible.* Meanwhile nothing short of constant watching can insure immunity from wilful† mischief or mis-

* Just as direct personal treatment is impossible in these overgrown establishments. Nevertheless, as Jacobi asserts (*op. cit.*, p. 23), the physician "is intrusted with the personal care and medical treatment of every individual committed to his care; he must daily and hourly determine not only the general outlines, but the particular details of the best means for promoting the interests of the collective community, as well as of every separate person composing it; and besides all this, *he is responsible to science* for the results of his medical observations in the establishment over which he presides." These assumptions proceeded on the basis that *treatment* and not mere care is intended. They do not overstate the needs of the case in a single particular as regards any *curative* establishment. The moral Jacobi draw from this consideration is, that asylums should not exceed moderate dimensions. The inference is obvious, and in the long run it will, I believe, be recognized as economical and practicable.

† The following suggestive enumeration of modes of suicide open to an ingenious patient bent on eluding the protection afforded by appliances, is from the work of Dr. Jacobi, Dr. S. Tuke's translation (1841), p. 145:—" . . . No contrivance can be invented which would completely disable a patient from seizing a moment when he might be unobserved to inflict an injury upon himself, except by keeping constantly confined in one of the cells for maniacs; and in the case of melancholy persons, or those who have hitherto given no signs of a propensity to self-injury, such treatment would not be proper. In any two or three minutes,

adventure. Periodic visits afford little protection; the opening and shutting of doors is a source of irritation, and peeping through a cunningly devised aperture is worse than useless—a patient may appear to be sleeping when he is dying or dead. The chief value of single rooms is probably for patients offensive to others rather than dangerous to themselves, or so turbulent as to require the constant presence of wakeful attendants. A nurse or nurses sleeping in the room with a single patient likely to be troublesome or untrustworthy is worse than useless.

The larger part of a county asylum population is accommodated in associative dormitories. These should not be too extensive. We fancy there is a tendency to make them so; the inducement being to minimize the expense of supervision. The system of placing a special attendant on duty to patrol the sleeping-rooms is a great improvement on the old practice of worrying the heart out of day attendants by putting them to sleep in rooms adjoining their wards, with a window through which they were supposed to keep one eye upon their charge while with the other they took their natural rest. We are glad to find that many of these windows have been blocked up on the outer side, and that superintendents do not hold day attendants accountable for anything that may occur in their wards at night. The "moral" effect of a window

when a patient so disposed finds himself alone, he may break the windows, and champ and swallow the glass; or may cut open the salivary or sublingual artery; he may tie his neck- and pocket-handkerchief together, and hang himself to the bars which prevent him from leaping out of the window; or he may perform the same act from the upper edge of the door, if the wood be somewhat rough so as to give hold enough for such a purpose; or even, after blocking up his nostrils with paper, he may roll up his handkerchief into a ball, and thrust it so far down his throat as to choke himself in a few seconds. I believe, therefore, that no properly safe means can be pursued, with respect to those patients in whom the propensity to suicide has obtained a certain decision of purpose, but *to submit them to the incessant, unremitting watchfulness of vigilant and conscientious attendants.*" To this list may be added one for which those around a cunning suicidal patient should be on the alert. He may "swallow his tongue," that is, turn the tip back within the grasp of the constrictors, in which case it will be drawn down and effectually close the glottis. The grasp is so instantaneous and complete that, while the attempt to perform this act is, with a long mobile tongue and lengthy frenum, in the highest degree perilous, the task of extricating the organ from the pharynx is one which the attendant surgeon, even, can with difficulty accomplish in time to avoid death by suffocation.

may be all very well as far as patients are concerned, but it is useless to hope to retain good officers if they are allowed no respite from their onerous and, when faithfully performed, most wearing duties. When an attendant goes to bed he should be able to throw off all responsibility, and rest without risk of disturbance, except on great emergencies.

The success of intrusting patients to a special night watch, with checks and counter-checks in the shape of tell-tale clocks, must depend upon the general arrangements. We cannot think the chance of such work being well done is increased by knocking down the partition walls between several apartments of moderate size, or building new rooms so large that an attendant should be provided with a telescope to scan the field of beds from his armchair in the corner. The difficulty is supposed to be got over by fixing a station at the end of the ward, to which the attendant "must carry his portable clock." We have our misgivings. Sometimes, possibly, he sends the clock by a docile patient, to save trouble. Occasionally, even, an unscrupulous person may falsify the register, to suit his convenience. The trick is, unfortunately, known to be practicable. We think it would be better to assume that asylum attendants are neither more nor less honest than other people, and appeal directly to their self-interest and faculty of self-preservation. If an official is thoroughly convinced that he cannot relieve himself of responsibility without discharging its obligations to the full, he will probably take the simplest course, and perform the task set for him.*

All artifices for meeting attendants half-way and reducing

* "Many errors in the construction, as well as in the management, of asylums for the insane, appear to arise from excessive attention to safety. People, in general, have the most erroneous notions of the constantly outrageous behaviour or malicious dispositions of deranged persons; and it has, in too many instances, been found convenient to encourage the false sentiments, to apologize for the treatment of the unhappy sufferers, or admit the vicious neglect of attendants. In the construction of such places, cure and comfort ought to be as much considered as security; and I have no hesitation in declaring that a system which, touching the power of the attendant, obliges him not to neglect his duty, and makes it *his interest* to obtain the good opinion of those under his care, provides more effectually for the safety of the keeper, as well as of the patient, than all the apparatus of chains, darkness, and anodynes."—Samuel Tuke, "Description of the Retreat at York," 1813.

their labour are sources of peril. An attendant who, animated by a keen sense of his responsibility, would go carefully to each bedside, for his own sake if not that of his patients, will content himself with at most a passing glance when he finds the business intrusted to him is assumed to be so arduous that special measures are deemed necessary to insure its being done. The satisfaction of the tests and checks imposed upon him usurps the place of duty. The man or woman who has carried the clock to a particular point and duly registered the journey is not greatly concerned as to what may have happened during the round. The duty was performed in proper order, as shown by the register, and if anything disagreeable occurred it must have taken place subsequent to that round, or have been of such a nature as to escape the most diligent scrutiny. If there had been no tell-tale clock the attendant would most likely have taken adequate precautions to be free from blame; as it is, if the feat of carrying the clock to the station can be performed blindfold, the attendant is free of all responsibility, and has evaded the toil of vigilance.

The only safe course is to place an attendant in charge of as many patients as he or she can thoroughly and constantly supervise in a separate dormitory, and to enforce a rigorous personal responsibility for all that happens. By thus breaking up the troublesome population of an asylum into manageable groups, instead of increasing difficulties to save expense, the attendants are kept apart. Two nurses seldom do their duty better than one; each trusts to the other, both gossip, and the business in hand is neglected or only half done.* We think the expedient of throwing several dormitories into one, or building vast sleeping-rooms, is a blunder. The addition of new blocks of single rooms is, if possible, more inexplicable. Rooms capable of holding from four to six beds for quiet or dirty cases may be useful, but single cells are either needless or valueless, and dormitories to hold fifty, sixty, or eighty beds multiply existing sources of danger and create new ones.

* "I once accidentally visited a house for insane persons, in which security was a primary object. There I saw three of the keepers, in the middle of the day, earnestly employed in—playing at cards!"—Samuel Tuke, *op. cit.*

The furniture of asylum dormitories is of great importance. Considerable pains have been expended, and ingenuity displayed, in devising bedsteads free from sharp angles, or knobs to which a ligature might be attached in the attempt to commit suicide, or side arms at the head-piece under which a patient subject to fits or in the habit of burying his head deep in the pillow might succeed in strangling himself. Pillows have been stuffed porous in the centre, so as to enable a patient to breathe through them if he lies with his face downwards; and hard, to prevent the face sinking into the pillow under similar conditions. We hear of "nice cold linen sheets" and warm woollen blankets, hair mattresses carefully divided in sections for dirty cases; and there has been "a battle of the bedsteads" scarcely yet fought to the bitter end, in which the advantages and drawbacks of wood have been pitted against those of iron, and of iron against wood, with an energy worthy of a better cause.

The same warm interest has been evinced in the comparative merits of earthen *versus* metal or gutta percha for utensils; of filters, as contrasted with bottles, for the supply of drinking water at night; of washing in dormitories or in lavatories fitted up in adjacent corridors or rooms specially set apart for the purpose; of making patients leave their clothes outside their sleeping-rooms, or storing them in lockers within those apartments. Every detail of arrangement has been subjected to consideration and experiment in a fashion perfectly astonishing. Attention has for the most part been called to these points by cases of misadventure or allegations of neglect, and it would be hard to say whether too little or too much thought has been expended on matters seemingly unimportant, but no doubt relatively of real moment.

The aphorism that life is made up of little things is exemplified in the domestic details of an establishment for the insane in a manner that would strike the uninitiated as strange, if not puerile. Such unqualified censors would, however, change their opinion if they could realize how frequently the greatest issues, even of life or death, may depend on the construction of a bedstead, the pattern of a window fastening, or the suitability of the apparatus by

which water is let into a bath. It is a key to the mystery of minutiae which pervades an asylum, that lunatics in many respects resemble children—with bad tempers, highly mischievous propensities, and that restless curiosity and cunning which makes the task of protecting them from accident or wrong-doing a ceaseless strain on the watchfulness and ingenuity of persons less provided with abundantly developed and active animal instincts.

We cannot even enumerate the domestic precautions necessary for the safety and reasonable comfort of the insane. It must suffice to notice a few of the points which seem to us especially deserving of attention because frequently overlooked. It is of importance so to distribute the inmates of an asylum that the paralyzed and infirm may sleep as nearly as possible on the same level as their day-rooms and airing-courts, to avoid the necessity of traversing cold corridors and climbing and descending draughty and dangerous staircases. In building new asylums, the hideous staircases in vogue forty or fifty years ago, and so unaccountably perpetuated in asylums and workhouses of later date, should be superseded by more direct flights of stairs, with low and broad treads.* In no case ought the practice of allowing large bodies of lunatics to sleep in the room in which they pass the day to be tolerated.

Staircases, corridors, associative dormitories, and single rooms should be ventilated† and warmed so as to preserve a pretty uniform temperature. We have found considerable difference of opinion as to what this temperature should be. It is difficult to lay down a law on the subject. Perhaps the avoidance of draughts is the best practical guide to temperature as well as ventilation. If air rushes into an apartment at every crevice or opening of door or window, unless the

* "Stone staircases," with "the well built up," as recommended by the Commissioners in the report of 1847, appendix E, "Suggestions for Plans of Asylums" (page 32) constitute as grim a provision as can well be imagined. The substitution of broad open staircases, properly protected, and either of wood throughout, or floored and panelled in the walls like an ordinary staircase, would do more to give the impression of homeliness than almost any other constructional change compatible with the preservation of the "ward system," in itself a serious drawback to the success of moral treatment.

† All the windows in an asylum ought to be made to open an inch or two at the top.

atmosphere without is extremely cold, the temperature within is generally too high; and, except in the case of old or paralyzed people who are unable to take exercise of any kind, this is injurious to the well-being of the patients and prejudicial to their chance of recovering in a malady which depends so directly upon the proper distribution of blood in the body and normal nutrition as mental disease in all its forms.

When, as too often happens, the patients are turned out of this heated atmosphere into cold airing courts, the mischief is complete. We have seen patients loitering about their courts, or even squatting on the ground, pinched and blue with cold, while the day-rooms have been much too warm. The whole question of heating requires close attention; our principal concern just now is with the dormitories and single rooms, but it is impossible to leave out of consideration the state of day-rooms, corridors, and staircases. A sudden loss of heat on the way to bed, or on entering a sleeping-room, may involve a restless night, disturbed dreams, or perhaps a "fit" of some kind.

Here and there we have found the day-rooms too cold, but the common fault is that they are too warm, and the dormitories and single rooms, especially the latter, by contrast if not actually, too cold for health or expediency. The system of warming day-rooms by open fireplaces,* without suggestive guards, is, we think, admirable. The same mode of warming is applicable to dormitories. A "little bit of fire" looks cheerful, and should be provided in wards for the infirm and the bedridden, but only where a special night attendant is on duty, not solely for the sake of preservation against mischief or accident, but because open fires generally get low or go out just as they are most wanted, when the night grows cold and the feeble require warmth.

It should be borne in mind that the circulation is weak in nearly every case of insanity, even when the pulse beats strongly and the heart labours with the mock vigour of morbid

* "The accommodation for each class should comprise, besides the exercise galleries, or spaces, a room with an open fireplace, easily accessible from the kitchen, in dimensions equal to about ten superficial feet to each patient intended to be received there."—*Report of Commissioners*, 1847.

and debilitated excitement. The use of cold as a remedy in furious mania is a matter of treatment. The question of atmospheric temperature stands apart, and we should be inclined to say that, in the case of patients suffering from mental disease, this should at night be certainly not below 60° F., to meet the physiological requirements of the sleeping brain and the dormant but still living organism.

The practice of requiring patients to undress before entering their sleeping-rooms is, we think, a clumsy and objectionable expedient. It has a bad moral influence, keeping the lunatic under a perpetual sense of being distrusted, which exerts a most depressing influence on the earliest and half-unconscious efforts put forth for the recovery of self-control—too often nipping them in the bud. It is an indecorous proceeding, suggesting indecent trains of thought, and it is ineffectual. Searching several persons outside, and in a crowd, is not nearly so likely to be successful if conducted with any semblance of propriety—and if not so conducted it is demoralizing—as seeing the clothing of each patient put away in a box at the bedside. This can be done without any appearance of general distrust, and the practice is effectual. The attendant should see each article folded and placed in the box, which may be shut with a catch and opened with a key kept by the attendant who superintends the rising in the morning.

The articles of clothing worn by inmates in an asylum should not be more numerous than necessity requires, but sufficiently warm without being heavy. The dress, of females especially, should be varied in colour and style. How this diversity may be employed as a moral agent, and made to obviate the need of strong dresses in the case of destructive patients, is known to all experienced and observant superintendents. Speaking generally, much irritation would be avoided by, as far as may be prudent, acceding to the wishes of patients in regard to matters of clothing. We are convinced that there are cases of local hyperæsthesia, in which it is little short of cruelty to enforce the use of particular articles of clothing prescribed by conventional rules.

This may be the place to allude incidentally to the practice of permitting patients who persist in throwing off and, if

possible, destroying their clothing, to remain totally uncovered, and the method—which has quite exceptionally been sanctioned or adopted—of placing such patients in single rooms and allowing or obliging them to pass the night naked.* It is impossible to approve such a proceeding. The moral effect of this treatment must be injurious. It involves concession to a morbid impulse, a practical, if not specific, toleration of the craving for “nudity” with which the morbid mind is possessed. We should strongly, though, if possible, by indirect measures, oppose this form of mania. It is only fed by feeble remonstrance and subsequent toleration. It is certainly not a malady to be cured on the principle *similia similibus curantur*. We doubt whether hyperæsthesia has anything to do with the impulse in such cases. The propensity is more like a bestial appetite, which calls for repression. The pleasure that attends its gratification is new poison to the mind.

The cases to which we referred just now in the remark advocating concession are those where a strong objection is urged to a particular article of dress which may be dispensed with—offending no canon of decency—or to a particular specimen of the article, which may be replaced by another differing only in form, colour, or texture, without any serious breach of discipline. In dealing with cases so grave as those which have been placed in single rooms and allowed to pass the night without either clothing or bedding, we think the fundamental error consisted in the isolation of the patient.

A man or woman who desires to be alone for some prurient purpose, or whose propensities are of a nature which cannot be tolerated in an associative dormitory, should *under*

* If patients with dirty propensities are placed in single rooms, it would be well to have them so prepared as to minimize the incentives to dirt. Jacobi mentions a small matter of moment in regard to colour, which deserves to be considered in connection with padded and other rooms. “A grey,” he says (I presume *dark*), is to be chosen, “because it renders the soils, and scribbling, and daubing on the walls less visible, and holds out *less inducement* to the patients to indulge in such practices.”—*Op. cit.*, p. 87. The same principle applies to the prevention of noise. If the doors of single rooms generally were covered with a layer of felt, painted in the ordinary way to avoid special notice, there would be less hammering at night. It is curious to notice the way in which the doors at old asylums are dented. Surely each mark is a suggestion to do likewise.

no circumstances be gratified with the solitude craved, or removed from the society of other inmates because he or she persists in acting improperly. The indications of the disease are clearly to concede nothing. We do not think the fact that a patient so treated is happy, or subsequently expresses his gratitude for the concession accorded, is any proof of wisdom in the course pursued. The recollection of the event, and the gratification experienced at the time and afterwards, are rather evidences that the craving was one of those perverted whims, generally of a debased and debasing character, which are too often confounded with puerile insanity, or incurable bestiality, and improperly treated with too great laxity. At any cost and trouble cases of this demoralized and destructive class should be retained in the wards with other patients. Neither isolation nor the use of strong clothing is necessary or expedient, always provided that the staff of attendants is as strong and efficient as it ought to be.

We are of opinion that, even making full allowance for the class from which pauper patients are commonly derived, the furniture of dormitories and single rooms is by no means, as a rule, sufficiently cared for. We have already alluded to what has been accomplished, with remarkably small outlay, at the West Riding Asylum, Wakefield. Every bed has a tasteful covering; by the side of each there is a low chair with cushion, and a strip of carpet, while every window is provided with curtains. The general effect is so comfortable, orderly, and tranquilizing, that patients retire for the night with greater calmness, and sleep more peacefully, than they would amid surroundings like those too commonly found in a county or borough asylum, and which reproduce the poverty without the comforts of "home." We have a great notion of giving patients everywhere an impression of being in hospital and well cared for, and so placing them on their honour to behave with self-respect and propriety.

The business of getting patients up in the morning is a serious piece of routine on which scarcely enough care is expended. There was, in old times, a superstition it might be almost worth while to revive for the special warning of attendants on the insane. It was believed that the soul left

the body during sleep, and if recalled too suddenly it had not time to return, and the body woke minus the mind. There is a real danger in arousing the victims of mental disease roughly, and compelling them to rise half awake to their duties. The point to which we think it desirable to direct special attention is the wisdom of leaving drowsy and indolent patients to be called by the head attendant at his or her first round, and prohibiting ordinary or charge attendants from performing this duty. We have reason to believe that both in public and private asylums much serious harm is done by the brusque treatment patients experience in the morning. Such an awakening sours the temper and inflames the imagination of irritable lunatics. Superintendents are not generally cognizant of the extent of this evil, and therefore fail to recognize the part it plays in counteracting the beneficial effects of quiet and discipline throughout the ensuing day. A superior attendant, sufficiently removed from the general body of officers to have some seeming authority, is the right person to interpose, and the duty should be discharged by him personally.

We come next to matters relating to the day-rooms. Superfluous area is, perhaps, of even greater moment than cubic capacity in day-rooms, but sufficient height, abundant air-space, light, and general cheerfulness, are indispensable to the comfort, and form an important element in the treatment, of the insane. There is a tendency in too many asylums to count upon the absence of a large proportion of patients attached to a ward in estimating its capacity. This leads to crowding, which is exceedingly inconvenient. For example, twenty out of forty patients are presumed to be absent, ten at work and ten in the exercising grounds. A wet day occurs, or some of the workers are weak, and others idle: the ward which can accommodate barely more than twenty is closely packed. As many as may be are induced to walk or lounge in the corridors, but the day-room is still crowded, and, a multitude of lunatics being no more remarkable for mutual amenities than a throng of sane persons thrown together without a combining purpose,* differences arise and

* In his "Introduction" to the translation of Jacobi's work, Samuel Tuke says:—"I had many years ago an opportunity of seeing the change from large to

conflicts occur. This is particularly prone to be the result on the female side of an asylum, and the frequency with which disturbances ensue is both painful and injurious.

It would be wiser to build these day-rooms somewhat larger at the outset, or, still better, to crowd them less. Most asylums would admit of extension by light iron and glass buildings of the nature of conservatories, which would answer the purpose of winter gardens for the sick and the infirm.* The expense of such erections need not be great, and should be no obstacle in the way of so useful an "improvement." It is impossible to lay too great stress on the expediency of making day-rooms attractive. Those who do not recognize this need can know little of the subject, and to neglect it on the score of expense—even though it be "the ratepayers' money" which is to be spent—is shortsighted. A paltry and mistaken economy seeks excuse in the reflection that the homes of the insane poor are not attractive. The plea is erroneous and unreasonable.

The houses of the poor are not healthy; the greater the reason why hospitals for all kinds of disease should be scrupulously healthful. True economy would make the establishments to which poor patients are transferred for the cure of

small classes in the York Asylum, and was confirmed by it in the opinion which I had previously formed, on comparing the condition of the large companies of patients in that institution with the smaller divisions in another establishment. In the one, thirty patients were frequently found in one division; in the other, the number in each room rarely, if ever, exceeded ten. Here I generally found some of the patients engaged in some useful or amusing employment. Every class seemed to form a little family: they observed each other's eccentricities with amusement or pity; they were interested in some degree in each other's welfare, and contracted attachments or aversions. In the large society the difference of character was very striking. I could find no attachments; and very little observation of each other. In the midst of society every one seemed in solitude; conversation or amusement was rarely to be observed—employment never. Each individual was pursuing his own busy cogitations, pacing with restless step from one end of the enclosure to the other, or lolling in slothful apathy upon the benches. It was evident that society could not exist in such a crowd."

* This is a suggestion for which I beg especial notice. A "Crystal Palace for the Insane" may sound like a pleasantry, but I am by no means sure the idea is chimerical. On one point I have little hesitation in expressing a strong opinion. There would be no more danger of destructive propensities being developed in such an establishment than in the gloomy, prison-like buildings so long in favour. The sense of freedom and the feeling of being trusted would go far to foster the faculty of self-control.

any form of disease, bodily or mental, a thorough change for the better. It is especially necessary this should be accomplished in the case of an institution for the cure of mind diseases, because recovery is to be mainly sought, and may be chiefly expedited, by creating new interests and awakening trains of thought more intense and absorbing than those with which the mind is morbidly oppressed.

If a patient, entering an asylum, finds nothing but dreary surroundings and new sources of annoyance, he will not speedily be restored. If he has the impression of being transported to a strange and pleasant scene, with cheerful objects about him, he is, so to speak, "taken out of himself," and launched on a fresh career, which, if his malady be curable, may carry him back, by circuitous and agreeable paths, to the realities of sane life. This is why we so warmly advocate the liberal supply of musical instruments, aviaries, conservatories, pictures, statuettes, ornaments of all kinds, games, books, and appliances of amusement of every description, which the lunatic may be able to appreciate, whereby his attention may be fixed and his errant mind captivated. We do not wish to see "public money wasted," but a rapid cure is cheap, and therefore the means for prompt and wise treatment should be liberally provided.

We should not have supposed any argument could be needed to enforce the reasonableness and real urgency of this conclusion. Every practical medical superintendent must be convinced of the necessity. It is useless to attempt the conversion of those who, not being acquainted with the nature of the malady, or of the complicated organism diseased, can neither be expected nor desired to comprehend the method of cure. We think the expediency of providing the comforts and appliances recommended can be attested by the results, and to the financial appeal the popular argument must be restricted.

The amount of liberty to be granted to patients is a question of treatment, because the moral control of an asylum constitutes a chief part of its system of cure. It must, however, be laid down as a principle illustrated by experience that high walls and dreary enclosures are undesirable. Anything and everything prison-like in the appearance of an

asylum is injurious. We should certainly decline to go the length of the Scotch Commissioners, and recommend throwing down walls altogether.

Meanwhile it is happily the policy of all well-conducted asylums to remove every semblance of needless restraint, and reduce the secondary guards to the smallest proportions consistent with safety. "Refractory courts" are obsolete in theory and almost in fact. Airing grounds generally are beginning to be planted, provided with seats—more or less comfortable—with sun-shades, and appliances for amusement. There is still plenty of room for improvement, but the spirit of reform has assumed a practical shape, and only requires encouragement. The most unsatisfactory courts we have seen are those which have been "improved," in too niggardly a fashion, without entire reconstruction. It is in these the patients are most discontented and exhibit the greatest destructiveness. Where the plants are numerous and pleasing, the walks well laid and tasteful, and the general idea of grounds for agreeable exercise most completely realized, we find decorous conduct, the least tendency to damage surrounding objects, and the most satisfactory effects on the health and comfort of the insane.

Outdoor exercise is of the highest moment, and excursions beyond the asylum grounds are desirable, not only for health, but to habituate patients to renewed intercourse with society, and in the case of convalescents to restore them gradually to the world from which their malady has for a time alienated them, but in which it may be hoped they will again be able to play a responsible part. The practice of sending patients out, first with an attendant, and then on parole under proper restrictions,* has many obvious advantages. It is an exceedingly delicate task to decide when and how far a patient may be trusted, but the success with which many thousand experiments have been attended proves that, judiciously administered, increasing doses of liberty may not only be borne without injury, but contribute powerfully to the progress of recovery.

* It is well to send two patients together; one constitutes a check on the other.

The intimate relations of mental phenomena and physical disease, and their mutual dependence, in the great majority of cases makes the question of dietary one of treatment. Speaking generally, no more mischievous misconception can prevail than that because lunatics do not commonly perform much bodily labour they do not require a rich and abundant supply of food. The wear and tear of brain and destruction of nerve tissue in mental disease is enormous. This alone calls for a sufficiently nitrogenous diet and the moderate use of stimulants to preserve and restore the process of nutrition, which is nearly always severely perverted. Setting aside the large proportion of cases in which the mental phenomena are the direct effects of anæmia or poverty of blood, the general proposition just stated is true of mental maladies as a class.

We have already, in the course of these reports, insisted strongly on the indispensable need of a full and pure supply of water, of means for the complete isolation of cases of epidemic or contagious disease, and of better provisions than exist, not only for extinguishing fires, but the rescue of inmates.



END OF VOL. I.